Gregory J. Glaser (SBN 226706)
4399 Buckboard Drive, Box 423
Copperopolis, CA 95228
Ph. (925) 642-6651
Fx. (209) 729-4557
greg@gregglaser.com

Ray L. Flores II (SBN 233643)
11622 El Camino Real Suite 100
San Diego, CA 92130
Ph. (858) 367-0397
Fx. (888) 336-4037
rayfloreslaw@gmail.com

Attorneys for Petitioners

UNITED STATES DISTRICT COURT OF CALIFORNIA

EASTERN DISTRICT - SACRAMENTO

Joy Garner, individually and on behalf of The Control Group; Joy Elisse Garner, individually and as parent of J.S. and F.G.; Evan Glasco, individually and as parent of F.G.; Traci Music, individually and as parent of K.M. and J.S., Michael Harris, individually and as parent of S.H., Nicole Harris, individually and as parent of S.H.,

Petitioners,

v.

DONALD JOHN TRUMP, in his official capacity as PRESIDENT OF THE UNITED STATES OF AMERICA,

Respondent.

Case No.: 2:20−CV−02470−WBS−JDP

DECLARATION OF JOY GARNER IN SUPPORT OF MOTION FOR PRELIMINARY INJUNCTION, OR IN THE ALTERNATIVE REQUEST FOR ORDER TO SHOW CAUSE

Date: February 22, 2021
Time: 1:30 PM
Courtroom: 5
Judge: William B. Shubb

Joy Garner Declaration

I, Joy Garner, hereby declare:

1. I am a Petitioner in the above-entitled action. I have personal knowledge of the matters discussed herein, and if called as a witness could and would testify competently thereto.

Introduction

2. All of the allegations made in the Petitions in this case are true and correct to the best of my knowledge. I have personally requested the relief outlined in the pleadings, as I do believe the survival of our Nation now hangs in the balance, such that, if the requested relief is not granted, our Nation will ultimately collapse. Based upon the trajectories of increasing health and mental decay of our Nation's people, this end is drawing perilously near. The numbers clearly indicate this is the truth of it. This trajectory toward collapse must be altered, and it must be altered *soon*. I am respectfully, urgently, and most strongly requesting that the trajectories of increasing disease, disabilities, and related deaths now suffered by the over 99% *vaccine-exposed* American population (included in the PRJNs) be observed and *acknowledged* by this Court *and* by the Respondent, for the truth they expose as to this Nation's *imminent* fate.

3. In the early spring of 2019, I personally founded and began to operate The Control Group ("TCG"), a not-for-profit organization whose mission is to survey the health of unvaccinated individuals (unexposed scientific "controls") by collecting their health data, i.e., all of their medical and other professionally diagnosed conditions ("TCG American Survey"). The purpose of this data-gathering effort was to numerically quantify health outcomes in entirely unvaccinated Americans with a robust sample that would produce a statistically reliable dataset to represent this population of interest. The survey to date, has achieved this outcome.

4. The TCG American Survey was prepared by me for one reason only: this litigation. I made this clear on my website, personal conversations with participants, and even on the health survey form itself, referring to "submitting these surveys as evidence in court." In no way was the survey designed to develop or contribute to "generalizable knowledge". It was designed to develop

and contribute solely as the admissible evidence in support of the specific Constitutional rights litigated in this case.

5. I understand that vaccines are unavoidably unsafe, and I also understand that the government has never produced any documentation that explains, *numerically*, just exactly how unsafe they are. Words like "rare", which is the slogan most-commonly used to describe the frequency of vaccine injuries, are subjective *adjectives*. They are not scientific terms in reference to unavoidably unsafe vaccines, and they provide precisely *zero* value in establishing a risk/benefit ratio for evaluating the public health value, or personal health-value, of the myriad mass-vaccination programs currently being deployed throughout the USA.

6. I am also aware that, at present, there are exactly *zero* recognized 'experts' in the field of surveying numerical health data (statistical values) for entirely unvaccinated 'controls' currently living in the USA, and certainly none that I am aware of, who know *more* about this particular subject than I now do. As far as I can tell, that makes me the world's "leading expert" in this unique field of investigation, i.e., I am now the top 'expert' in surveying numerical health outcome data for entirely unvaccinated Americans (true scientific controls) across the USA. If an expert of superior knowledge in this particular arena exists, they've yet to make themselves known as such, let alone produce the data required to support such a claim. [1] [2]

7. I am not a doctor and I've made no attempt to diagnose any conditions here. This being a retrospective study of observed health outcomes and exposure, or lack thereof, the data represents the reported medical diagnoses *already given* by medical professionals in the field of diagnosing conditions. I've merely collected and counted the number of conditions reported in a robust sample of this unexposed population from across 95% of the American states, (and 5 other Nations as well). All of the statistical equations I've employed in the evaluations seen in my attached reports

[1] "The scientific method of examining facts is not peculiar to one class of phenomena and to one class of workers; it is applicable to social as well as to physical problems, and we must carefully guard ourselves against supposing that the scientific frame of mind is a peculiarity of the professional scientist." - **Karl Pearson**

[2] "It appears to me that those who rely simply on the weight of authority to prove any assertion, without searching out the arguments to support it, act absurdly. I wish to question freely and to answer freely without any sort of adulation. That well becomes any who are sincere in the search for truth." - **Vincenzo Galilei**

(Exhibits B, C, & D) are standard and accepted methods in this field, and they are all fully disclosed and explained in the reports. All of the math can easily be replicated for verification, and much of it is no more complex than the math most people learned (or should have learned) in the 5th grade.

8. For example, only 76 of 1,272 children surveyed (5.97%) experienced a chronic health condition. By contrast, national data of the over 99% vaccinated population shows chronic illness is estimated at 27% bare minimum, and 54% conservatively. And this pattern is repeated over and over and over – diabetes (0% in the unvaccinated v. 10% in the vaccinated), digestive disorders (0.4% in the unvaccinated v. 18% in the vaccinated), ADHD (0.47% in the unvaccinated v. 9.4% in the vaccinated). The pattern is obvious. It leaps from the page. If you're as smart as a 5th grader, you can see plainly that vaccines are **causing** chronic illness.

9. The statements made, and the numbers provided in the attached exhibits (Exhibits A, B, C, D, E, & F) are true and correct to the best of my knowledge. Exhibits E & F are National data graphs prepared from Petitioners' Requests for Judicial Notice, which exhibits I and Petitioners' experts relied upon to visualize the corroborating numerical proof that vaccines caused the chronic illness pandemic in America (Exh. E), and that in the 20th Century it was actually improved living conditions (rather than vaccines) that is responsible for reductions in mortality rates (Exh. F).

10. Because *none* of our institutions have been willing to apply the *most* fundamental, actually the most critical and only relevant scientific method required to numerically determine the risks associated with vaccine exposure (which absolutely requires a comparison of health outcomes between *entirely unexposed* "controls" and the vaccinated "herd") it was necessary for a private Citizen to take up the task in order to arrive at the correct answers. *Someone* had to conduct this obviously-critical study, since *none* of our government agencies have bothered to *count* the existing evidence, i.e., they've never bothered to tally up the injured and fallen in order to understand the actual public health *cost* of these mass vaccination programs in the USA.

11. This action seeks declaratory and injunctive relief to prevent *further* injury to both personal and public health, and to bring about an end to discrimination which is based solely upon an American Citizen's refusal to submit to the demands of the pharmaceutical industry. It is not premised upon proving any *one* injury, nor does it seek recompense for such. Therefore, the only

ultimate evidence *relevant to* the requested relief, is *numerical data* which can answer the question: "How *frequently* do vaccines injure Americans?" Short-term and otherwise-limited vaccine trials and the VAERS numbers, (which are demonstrably over 99% incorrect) have ultimately *zero* relevance to the *only* final question here. And such unreliable VAERS and short-term clinical trial numbers, don't even *pretend* to address the question of long-term health outcomes, and the consequent cost to public health. However, the TCG American Survey evidence provided herein, is relevant to, and directly answers (with an extremely high level of reliability) the *only* question that's relevant to the relief requested. How *many* victims?

Epidemiology is SIMPLE

12. My inspiration for this particular survey approach, (or product safety survey) is 'John Snow', who is still widely regarded as the "father of modern epidemiology". [3] Snow's basic reasoning and scientific methodology still hold true in all branches of epidemiological toxicology sciences today. It comes down to exposure vs. non-exposure. *Without* this basic foundation, there is no method of definitively establishing causation for *anything* in aggregated populations.

13. When it came to locating the cause of cholera outbreaks in England, for Snow it was a simple process of documenting biological exposures, or lack thereof (to certain water sources) and documenting who did, or did not, get sick. A sampling of people who did, or did not, drink from particular water sources, coupled with reports on their health outcomes, exposed *the cause*. Snow found that people who *didn't* drink from the suspected water source had *considerably* lower rates of cholera than those who *did* drink from the suspect source. And sure enough, when the cistern was thusly-traced, it was found to be seriously contaminated. Once it was cleaned up, *the cholera problems were ameliorated*.

14. Entirely excluding the suspected source as a possible cause, *proved the cause*. [4] Snow's detractors called him "crazy" when he first began to make his case. If the owners of the bad

[3] See: https://www.ph.ucla.edu/epi/snow/fatherofepidemiology.html

[4] "The scientific method is the ultimate elegant explanation. It is the ultimate foundation for anything thing worthy of the name 'explanation'."- **Nathan Myhrvold**

water sources had held hefty sway over, (or controlled) all public health agencies and polices, *as well as* holding excessive power over the rest of England's governing authorities, many more people would have died before the problem was solved, or maybe it would never have been solved. In such a scenario, Snow would have been effectively laughed out of town for his "crazy" ideas, or perhaps even jailed, while the population continued to be *decimated*. [5] [6] [7] [8] [9] [10]

15. I located and utilized the most authoritative sources available for determining the size of the population of interest for study, (the number of entirely unexposed controls) so that I could determine an appropriate sample size that would represent this population as accurately as possible. For particular years, from which the CDC's published records have established trend-lines, I was able to calculate that in 2020, there were approximately 830K entirely unexposed (unvaccinated) people living in the USA, in all age groups.[11] In gathering the data on the controls, I employed strategies that were, to my best logic, most capable of producing a random and robust sample across the USA.

16. In the end, the use of standard and accepted statistical analyses of the dataset did confirm that these goals were *heartily* achieved, producing a 99% confidence level that the sample

---

[5] Note: Snow's theory (that drinking polluted water caused illness) was hotly rejected by the 'consensus' as Snow initially fought his uphill battle. *Now* the Pharma-funded consensus assumes that injecting toxic chemicals, mercury, aluminum salts, cancer tumor cells, foreign animal & human DNA/RNA, and lab-created, artificial-lifeforms with entirely new coding, etc., is almost *incapable* of injuring human health.

[6] "Scientific method is very important to me. I think anything that contradicts it is probably not true." - **John Astin**

[7] "The scientific method actually correctly uses the most direct evidence as the most reliable, because that's the way you are least likely to get led astray into dead ends and to misunderstand your data." - **Aubrey de Grey**

[8] "To the academic mind, authority is everything, and facts are junked when they do not fit theory." - **Robert A. Heinlein**

[9] "Science is one way of forcing us, kicking and screaming if necessary, to modify our views." - **Carol Tavris**

[10] "Science is not, as so many seem to think, something apart, which has to do with telescopes, retorts, and test-tubes, and especially with nasty smells, but it is a way of searching out by observation, trial and classification; whether the phenomena investigated be the outcome of human activities, or of the more direct workings of nature's laws. Its methods admit of nothing untidy or slip-shod; its keynote is accuracy and its goal is truth." - **Archibald Garrod**

[11] See attached Full Report at www.thecontrolgroup.org for specifics on data/values, calibrations, progression and regression models, etc., which were utilized to determine the size of the population of interest according to year-of-birth/ages.

means (based upon the percentage of controls who reported at least 1 condition) produced an interval of only (5.95,5.99). This is a variance of only 0.04%, and in other iterations or expressions, reflects (exposes) the error-rate of this dataset. It's a *very* small potential error.

17. The exceptional level of confidence (in such a small interval of potential error here), is clearly due to the 48 State coverage, the robust sample rate, (far exceeding sample/fraction rates typically relied upon by our public health agencies for their National surveys), and the logical methods deployed, which I had reasoned, were most likely to produce a random sample. A robust sample rate, even standing alone, is assumed to produce a more accurate dataset, so this was clearly an imperative. Here, the mathematical audit and analyses demonstrate that these goals were met. The statistical evaluation of the dataset also evidences the high level of reporting accuracy from the participants, because the normal distribution and statistical convergence (across 48 states) is not otherwise explainable.[12]

18. During the survey period, I utilized standard and regular practices to carefully receive and maintain all TCG American Survey materials as business records, which I detailed in the 83-page Full Report of the 1st phase Control Group Pilot Study, ("Statistical Evaluation of Health Outcomes in the Unvaccinated") during the 1st half of 2019, and the last half of 2020. [13] I worked hard to achieve admissibility for the pilot survey evidence here:

A. I have experience running businesses and offices, and I know what is required to comply with the business records rule. I did my best to follow the rule here. The TCG American Survey is not operated as a business for profit, but rather operated by me with utmost professionalism as a nonprofit business/organization at my own expense (and indeed I have made no profit and received no compensation; I have received a small number of small donations from private Citizens, which have not even covered my costs, which is fine because this survey is a labor of love for truth). I was not required to apply for tax-exempt status, so I chose (I think wisely) to forego spending time, energy, and expense doing so. My focus has never been upon money (i.e., donations or income) but rather my focus is

[12] See Full Report for all standard statistical formulas and their applications to this dataset.
[13] The Full Report and all related materials are available at: https://www.thecontrolgroup.org/

upon independent scientific inquiry to produce reliable data for court, that any scientist or layman can analyze objectively.

B. Each of my records was made and kept by me in my course of regularly conducted business activity for the TCG American Survey. In other words, I made it my policy and practice to faithfully and diligently maintain all survey forms and record all data with an orderly system of organized files, well-kept boxes, and secure computer records. I systematically rechecked my entries to verify data was input correctly. Each report that I authored was done in my regular course to explain the data and its implications. Finally, results were transparently published at the website https://www.thecontrolgroup.org per my stated goal and policy.

C. At all relevant times to the survey, my records were routinely made and kept in the course of the survey business, which was in The Control Group's usual practice.

D. Records were made and maintained at or near the time of the relevant event that it records. For example, survey responses were filled out in real time by participants, and mailed to me in real time in order to meet a deadline that I made it my practice to advise participants (i.e., on the website), and upon receipt I duly processed such files in the method referenced herein (i.e., diligently filing, boxing, data entry, data analysis, report writing).

E. Each TCG American Survey record presented to this Court was made by me with personal knowledge in the regular course of this survey.

F. TCG American Survey participants were asked for their then-existing physical conditions (i.e., medical diagnoses, age) and then-existing mental state (i.e., confidence rating). Survey responses were provided in the form of personal history (for adult participants) or family history (for parents/guardians). Given the standard traditional survey procedure utilized here (responses handwritten and mailed in with unique hand placed stamps, and postmarks), each response was provided with a sufficient guarantee of trustworthiness, and each response is more probative of the point for which it is offered than any other evidence that I could obtain elsewhere through reasonable efforts (for example, I was required for practical and legal reasons to respect survey participant privacy, but I still successfully ensured a record of genuineness because of each person's individual and unique handwriting, their individual

and unique envelopes (stamps and postmarks), and the customized way that individuals handwrote diagnoses rather than simply checked a box). I am confident in my methodology and results as a scientifically repeatable survey experiment, and indeed I am explicitly and eagerly calling for a follow-up national survey that can further test and verify my findings (which findings are also supported by a large amount of corroborating evidence provided herewith in the form of Petitioners' Requests for Judicial Notice).

19. I personally authored all of the materials attached to this declaration as exhibits, with the one exception of the graphics design for the Comparison Graphs, (Attached hereto as Exhibit A) which shows health outcomes for Vaccinated vs. Unvaccinated populations living in the USA. These graphs, (Exh. A) were finalized by a graphic artist, using the numerical results I prepared from the Control Group dataset for the baseline risk values of those reporting no exposure to vaccines, (post-birth) and/or the stratified subsets with exposure to other related (and noted) pharmaceutical products. The values and risk factors expressed in the Comparison Graphs (Exh. A) are a true and correct representation of the TCG American Survey dataset. Where risk values are based upon National statistics, those statistics are the actual numbers made available to the public by our health authorities at this time. I have personally confirmed these published numbers on official government websites as noted, although in some instances, there could be more recent National statistics now available than are noted.

20. I located universally-accepted and standard statistical formulas appropriate to causal analysis, and also in determining the accuracy of the TCG American Survey dataset itself. To the best of my ability, I have correctly run the mathematical equations used to arrive at the statistical valuations seen in the 17 page "Summary and Guide to: The Control Group Pilot Study", attached hereto as Exhibit B, as well as those in the 83-page Full Report, titled "Statistical Evaluation of Health Outcomes in the Unvaccinated", attached hereto as Exhibit C. The supporting raw dataset is also available at www.thecontrolgroup.org., listed as "Raw Dataset" for download (and which is attached to the concurrently submitted declaration of the survey expert Dr. Pebsworth who validated the TCG American Survey).

21. An exhaustive listing of all details relating to construct validity, methodology, formulas, and the numerical results of this study, are seen in the aforementioned 83-page Full Report. The accuracy of the formulas and values contained in the various analyses, along with their sources, can swiftly be independently validated, because they are easily-repeatable using almost any scientific calculator and basic math.

22. I also personally researched and authored the "Critical Risk Assessment of Vaccination in the USA – National Security", a sample of the first 5-pages of which, is attached hereto as Exhibit D. The full 45-page report is published at https://www.thecontrolgroup.org/ for review. All references therein, including, and *in particular*, the U.S. Pentagon Report noting that, 71% of Americans between the ages of 17 and 24 are found to be unfit for military service, are correct as cited. The conclusions to be drawn from this body of evidence are axiomatic and are in no way dependent upon my comments or characterizations.

23. Materials available at The Control Group website include: (1) The full 45-page "Critical Risk Assessment [ ]" ; (2) The 17-page Summary of the Control Group Pilot Study; (3) The 83-page Full Control Group Pilot Study Report: "Statistical Evaluation of Health Outcomes in Unvaccinated"; (4) Comparison Graphs of "Vaccinated vs. Unvaccinated" and; (5) the Survey Intake Sheets & Health Survey Sheets.

24. In the Summer of 2020 I personally input all of the survey data in Excel spreadsheets, which allowed me to readily categorize and search results.

25. As highlighted above, I have maintained all survey sheets and envelopes with an orderly system of boxes, with each of the participants having a unique assigned number, at my residence in California.

26. On American Independence Day, July 4, 2020, I completed my tabulation of the results to that date from the TCG American Survey.

27. My survey results were later independently validated by the survey expert Dr. Pebsworth.

28. In November of 2020, I completed a revised and expanded 83-page report to provide additional detail, clarity, and a more carefully-audited precision of the findings. The attached

exhibits, and the currently-published materials on The Control Group website, represent the most complete and recent data relevant to the TCG American Survey Pilot Study and Evaluation of the Results.

Correlation is not Causation?

29. This oft heard pharma-argument (in defense of vaccines) has no application in the face of the evidence presented here. In this particular instance, the numbers for the observed health outcomes prove far more than a mere "correlation". They confine any *other* explanation to the implausible, or basically *impossible*. This fact is evidenced in the p-values (and odds) as applied in the outcome comparison graphs between the exposed and unexposed populations. (See attached Exhibit A.) If one were to find such odds presented in a criminal prosecution as against innocence (using forensic evidence for example) it goes without saying, these odds would swiftly remove any reasonable doubts as to the suspect's guilt, particularly when joined with opportunity and motive, which is clearly present here. These numbers do not merely express a "likelihood" of something being true. They've effectively eliminated *any* reasonable doubt as to that truth.

30. We *already know* vaccines are fully capable of causing injury and even death. This is the *reason* vaccines are formally categorized as "unavoidably unsafe" under our system of laws in the USA. The only question that remained unanswered was the *frequency* of injuries. And given the saturation of the American population with exposure to this class of product, there was only one logical method at arriving at the answer, i.e., the exclusion of vaccines as a possible cause of health outcomes for comparison against those observed in the exposed population. This was the method employed for the TCG American Survey.

31. I am requesting that this Court, and the Respondent in this case, examine the actual evidence, *the numbers*, and while doing so, to please find the temerity to silence the cacophony of 'expert' slogans and unsubstantiated opinions that consistently attempt to obfuscate the *truth* of this matter. Because no pharma-funded medical institutions, nor any of our public health agencies have ever *bothered* to collect or study the health-data of scientific controls, i.e., those who are *entirely* unexposed to vaccines, their noises are *merely opinions*. They are not evidence. And these opinions

are not based upon any *data* that's capable of answering the question: "How ***many*** injuries and deaths are vaccines responsible for in the USA?"

32. I am pleading with this court, and with my POTUS, Donald J. Trump, to recognize and publicly acknowledge the *truth* of what is happening to our Nation's people, and consequently, to our Nation, at the hands of the Pharmaceutical industry and its *many* servants who've infiltrated so many of our institutions. I plead for relief, for myself, my loved ones, and my Nation. I plead with this Court, and the Respondent in this case, to immediately take any and all actions required and available to prevent further damage, and to use all powers, which this Nation's people have entrusted to these offices, *to halt, and then reverse this suicidal course*.

33. I love this Nation and its people. This Nation is the only home I know, and there is no limit as to how badly the rest of the world would fair, if it were to fall. The loss of this Nation, through this ongoing physical destruction of its people, represents a loss too grievous to adequately articulate, and this approaching loss is both inevitable and imminent if our current trajectory is not altered immediately. If this loss were to be completed, it would be irreparable, for me personally, for all those I love, and for the world. As Ronald Reagan once said: "[ ] a thousand years of darkness".

THE DESTRUCTION OF EVIDENCE

34. As detailed, cited, referenced, and evidenced in the attached Exhibit C "Statistical Analysis of Health Outcomes in the Unvaccinated" Full Report, and also in the PRJNs filed concurrently with this Petition, the pharmaceutical industry (and its *many* beneficiaries) are currently on an urgent mission to eliminate *any* remaining scientific controls/evidence by assuring that every man, woman, and child in this nation is injected with as many of their products as possible. And they are most adamant that this be completed as swiftly as they can manage. The devices employed to achieve this end include, but are not limited to, pressures to literally criminalize the act of citizens avoiding injections with their vaccine products, pressures to *further* segregate and discriminate against those who reject their vaccine products, and copious propaganda campaigns engineered to incite public outrage against those who avoid their vaccine products.

35. It has now become fashionable to refer to people who've refused even *one* of pharma's many injectable vaccine products, as "unvaccinated" in an attempt to categorize *all* people who dare hesitate to inject *any* of their latest drugs as "selfish" or "crazy", even accusing them of being "killers" who must have their children confiscated and face imprisonment. [14]

36. These efforts are clearly not motivated by concern for the small and exceptionally-healthy population who've thus-far avoided their wares. No. It is only a desperate attempt to bury the remaining scientifically-relevant *evidence*, the only evidence that can definitively answer the question: How *many* victims? It is well understood that without a baseline of true controls for comparison, the scientific method cannot be employed, and the truth may forever remain buried.

DISCRIMINATION

37. I have personally witnessed the stresses of the constant threats my daughter's family is under for their refusal to submit to their children to the demands of the pharmaceutical industry, i.e., their refusal to inject them with vaccines, which the evidence shows, would more likely than not (over 50% chance) doom them all to a future of *rapid* health decay, while *also* subjecting them to obscenely high risks of short term injuries, disabilities, and/or even death, because these risks are, mathematically, *at least* 99% higher than the VAERS numbers reflect.[15] As a direct result of this abusive and systemic discrimination, my healthy 9 year-old granddaughter 'J. S.' has been denied

---

[14] ***Jail Anitvaxxers*** https://www.usatoday.com/story/opinion/2015/01/27/jail-anti-vax-parents-vaccines-cdc-measles-disney-world-california-column/22420771/ ***Here's How to Tackle the Covid-19 Antivaxxers*** https://www.theguardian.com/commentisfree/2020/nov/26/heres-how-to-tackle-the-covid-19-anti-vaxxers ***Antivaxxers are Dangerous. Make them face isolation, fines, arrests.*** https://www.washingtonpost.com/opinions/2019/04/30/time-get-much-tougher-anti-vaccine-crowd/

[15] The Vaccine Adverse Event Reporting System captures and reports less than 1% of the injuries that occur shortly after vaccination. See: "Adverse events from vaccines are common but underreported, *with less than one percent* reported to the Food and Drug Administration (FDA). And: "New surveillance methods for drug and vaccine adverse effects are needed." (Emphasis added.) Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP:VAERS) (Massachusetts) Performing Organization: Harvard Pilgrim Health Care, Inc. - Submitted to: The Agency for Healthcare Research and Quality (AHRQ) U.S. Department of Health and Human Services. At: https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf NOTE: This study, exposing the 99% failure rate of the VAERS, was intentionally concealed from public view under the Obama administration, and nothing changed over at the FDA or the VAERS under his administration as a result of these findings.

the opportunity to continue attending a fine school of her choice, which she was very happy at. And my daughter's career prospects are also severely limited, due to the fact her now 2 year-old son, my beloved grandson, is unable to attend any licensed daycare. These same conditions also exist in the other most-populated States in the USA, and in all States, to greater or lesser degrees, all of which appear to be increasing both discrimination and segregation against those who refuse to be injected with this class of pharmaceutical, i.e., vaccines. The latest threatened mass vaccination is the experimental Covid-19 vaccination, which has created an even more heightened level of immediacy for the relief requested. Our Nation is on the brink, and my family and I are forced to maneuver around the myriad and ever-changing laws and policies that attempt to hunt us down and inject us with experimental vaccines.

NO JUSTIFICATION FOR DISCRIMINATION OR SEGREGATION

38. Even if vaccines were not injuring *most* people who receive them, as the evidence does show they are now doing, there would *still* be no compelling state interest served in segregating or discriminating against those who do not comply with Pharma's demands for more vaccine sales. This is because a person must first be *infected* with an agent *before* they can spread it. And there is a massive body of evidence which demonstrates that the vaccine-exposed population *sheds* (code for spreads) the very same agents they've been injected with, which exposes the fact *vaccinated* people present the greater danger of transmission to others.

39. The absurd conclusion a child (or any person) presents a 'danger' to public health, merely because they've *yet* to be injected with (or infected with) disease-causing agents, is in part, what causes this discrimination against my grandchildren, which discrimination has deprived them, and their parents, of their rights. There is no evidence that I, my healthy grandchildren, or their parents, have *ever* presented a threat to the health of anyone else, merely due to our failure to get injected with all of pharma's latest injectable products. Being stripped of rights as retribution for refusing pharma products, without any pretense of due process in the act, could not be more

unconstitutional, *particularly* when the evidence shows the purported government interest (in protecting public health) results in the *antithesis* of the government's claimed objective. [16] [17]

40. The sheer horror at the prospect of being forced to subject myself and my progeny to the obvious risks of vaccination, (carrying an almost certain 60% risk of chronic illness, including a 48% risk of heart disease, 10% risk of diabetes, 15% risk of arthritis, etc.,) through these increasingly abusive coercions, each of which progressively eliminates *one protected right after another*, has resulted in untold emotional and other stresses, including many sleepless nights that I have personally suffered. These stresses are *far* worse when I find I'm unable to take my mind off of the larger implications for this Nation's people, and for the future of this entire Nation.

---

[16] A very well referenced collection of citations for this evidence is available at: https://www.westonaprice.org/studies-show-that-vaccinated-individuals-spread-disease/

[17] The object of the Covid-19 vaccine is narrowly defined as "reducing" the symptoms of infection, with no goal, or claims of any goals, that these new vaccines will in any way reduce transmission *or* infection rates. And the evidence shows that injection with these vaccines (current trials) increases *both* the rate of infection (to 100% certainty for those who receive the vaccine) *and* it exponentially increases the number and severity of infectious symptoms (fever, lung challenges, extreme physical pain, etc.) over the symptoms of disease that one is likely to suffer if one is naturally exposed. It is now widely reported that 80% of young and health people who are naturally exposed to CV-19 recover *with no symptoms at all*. See: ***80% of people in this age group are asymptomatic*** - https://www.msn.com/en-us/health/medical/80-percent-of-people-in-this-age-group-are-asymptomatic/ar-BB15zLMB However, in Moderna's CV-19 vaccine trials, (touted as the most 'promising') *only* young and health subjects are tested/injected, and 80% of these subjects experience negative symptoms *of infection* with the 1st dose, with 100% expressing *even more severe symptoms of infection* on the 2nd dose. Also see: Admissions from Moderna's chief medical officer, Tal Zaks **at** https://bestlifeonline.com/covid-vaccine-second-dose/ It is logical to assume that these now-infected/vaccinated people will shed/spread more of these infectious agents to those who are older and more vulnerable, than those who were exposed but whose immune systems effectively *eliminated* the virus from their own systems. One of the touted "benefits" of the new DNA-altering CV-19 vaccines, is their ability to *override* the human immune system's early response to these infectious agents, thereby causing a *heavier* viral load, which it is claimed, increases the potential to further "immunize" that person, by bringing about the *fullest possible expression of the infection* upon the 2nd dose. This method is appreciated within this industry for its ability to lower the cost and time required to grow *more* of these infectious agents, because it costs more to do it in a lab. To the delight of these vaccine-makers, it has been discovered that humans can more effectively and cheaply propagate these infectious agents inside of their bodies *once their immune systems have been "tricked"* into allowing this to happen. The "plan" is to inject this entirely new vaccine into 100% of the population *before* any long-term evaluation of its effects can be investigated. This is "warp-speed" medicine.

41. All across this Country there is now a growing and ominous fear that all normal activities, such as earning a living, shopping, travel, education, (even homeschooling) etc., will soon become *contingent upon* every man, woman, and child, being injected with a brand-new DNA-altering vaccine, (Covid-19) the long-term effects of which are *entirely* unknown, combined with tracking mechanisms and "certificates". These fears are not based in any paranoid delusion. They are rational fears which are based upon listening to *the words* of many powerful people, lawmakers, and heads of powerful organizations, who routinely speak openly about, *and prepare for*, this, their stated objective for us all. [18]

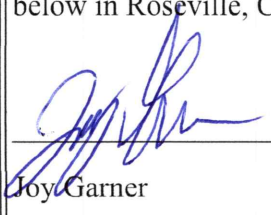
42. It is time to fully expose and end this nightmare. Let the chips fall where they may, and pharma profits be *damned*. Any who still fantasize they can permit this agenda to advance without fear *they* will personally be affected, are kidding themselves. Those at the top of this agenda are now specifically *targeting* those who've been the *most* helpful in promoting it, protecting it, and facilitating the execution of it.

ORDER TO SHOW CAUSE

43. I am asking this Court to issue an order to show cause why a nationwide injunction against all forms of discrimination based upon vaccination status, should *not* issue. Given the "warp-speed" introduction of an entirely new DNA-altering vaccine and the government-endorsed *plan* to inject it into most, or all of us *before* its long-term effects can even begin to be investigated, the situation is direr and more urgent. The Petitioners and the people of this Nation, require immediate protection from the two branches of government which now imminently threaten their very survival, *and the survival of this Nation*.

[18] SEE: https://www.frommers.com/blogs/arthur-frommer-online/blog_posts/first-airline-confirms-covid-vaccination-will-be-required-to-fly And: https://biohackinfo.com/news-bill-gates-id2020-vaccine-implant-covid-19-digital-certificates/ Although many are accused of being "conspiracy theorists" for repeating the words that are coming out of the mouths of those who are planning, *and actively preparing for*, this dystopian future for us all, there is nothing "paranoid" about simply listening to what these people tell us they are planning, nor is there anything paranoid about *observing their preparations*. The plain meaning of their words are quite clear, and their actions are even clearer.

I declare under threat of penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that this declaration was executed on the date set forth below in Roseville, California.



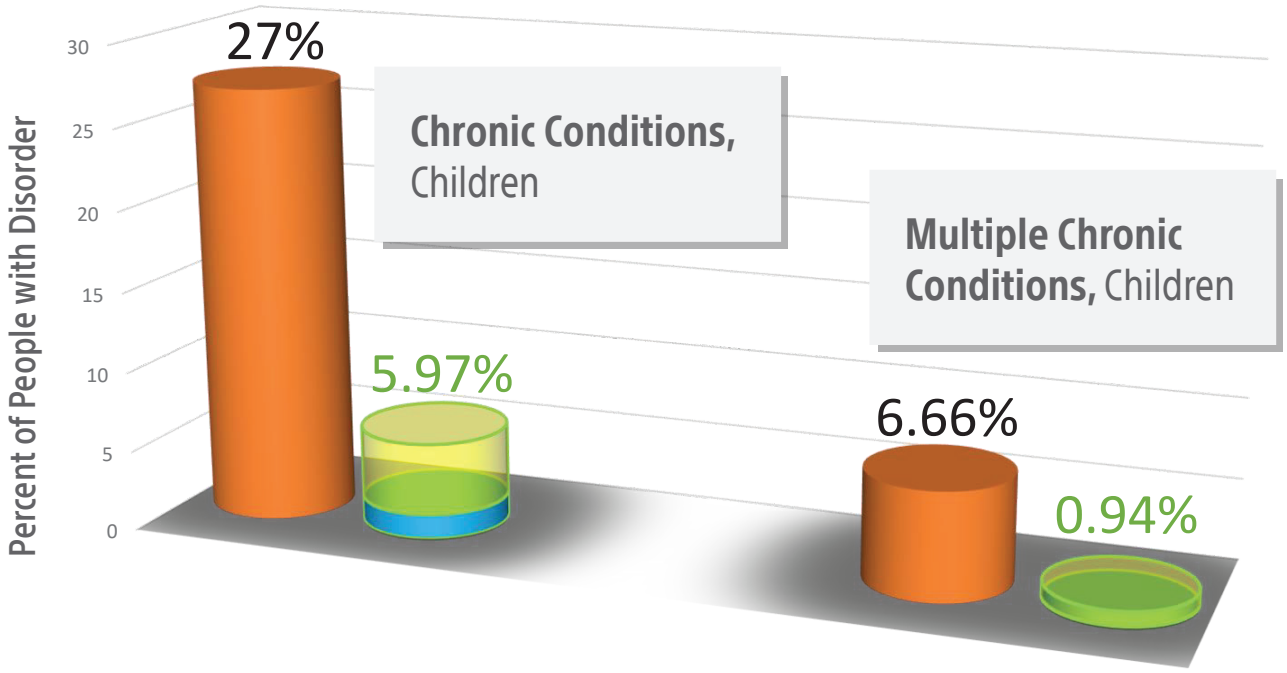
12-16-2020

Joy Garner — Date

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population
  (CDC, Preventing Chronic Disease. https://www.cdc.gov/pcd/issues/2015/14_0397.htm)
- Pilot survey data for 100% Unvaccinated Control Group
  - △ Unvaccinated but exposed to K-shot and/or maternal vaccination
  - ▲ Unvaccinated and unexposed to K-shot and maternal vaccination

Unvaccinated Population

Risk Factor in Total Population = 5.97%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 84,721,527,559,728,800,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 1.18E-83. See full report for detailed explanation.

Subsets - Chronic Conditions

- △ **13.32%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- ▲ **2.25%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

Risk Factor in Total Population = 0.94%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 166,208,057,027,308,000,000,000. This calculation is supported by the p-value 6.02E-24. See full report for detailed explanation.

Subsets - Multiple Chronic Conditions

- △ **2.57%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- ▲ **0.12%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

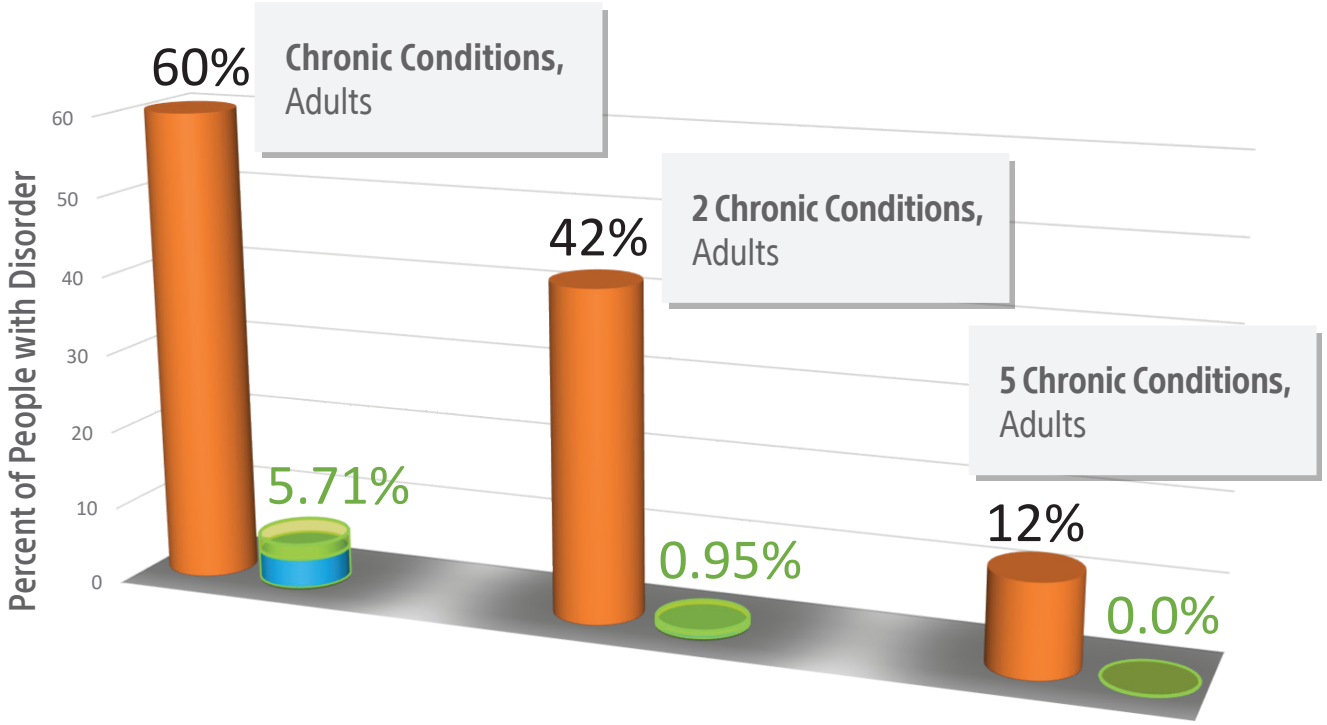
*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population (CDC, Chronic Diseases in America. https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm)
- Pilot survey data for 100% Unvaccinated Control Group
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

Unvaccinated Population

- **Risk Factor in Total Population = 5.71%**
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 245,083,100,778,672,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 4.08E-63. See full report for detailed explanation.

  Subsets - Chronic Conditions
  - **12.50%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - **4.49%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)
- **Risk Factors in Total Population = 0.95%**
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 4,105,862,277,506,450,000,000,000,000,000,000,000,000,000,000,00. This calculation is supported by the p-value 2.44E-46. See full report for detailed explanation.

  Subsets - 2 Chronic Conditions
  - **3.13%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - **0.56%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)
- **Risk Factors in Total Population = 0.00%**
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic illness in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 455,657,841,434. This calculation is supported by the p-value 2.19E-12. See full report for detailed explanation.

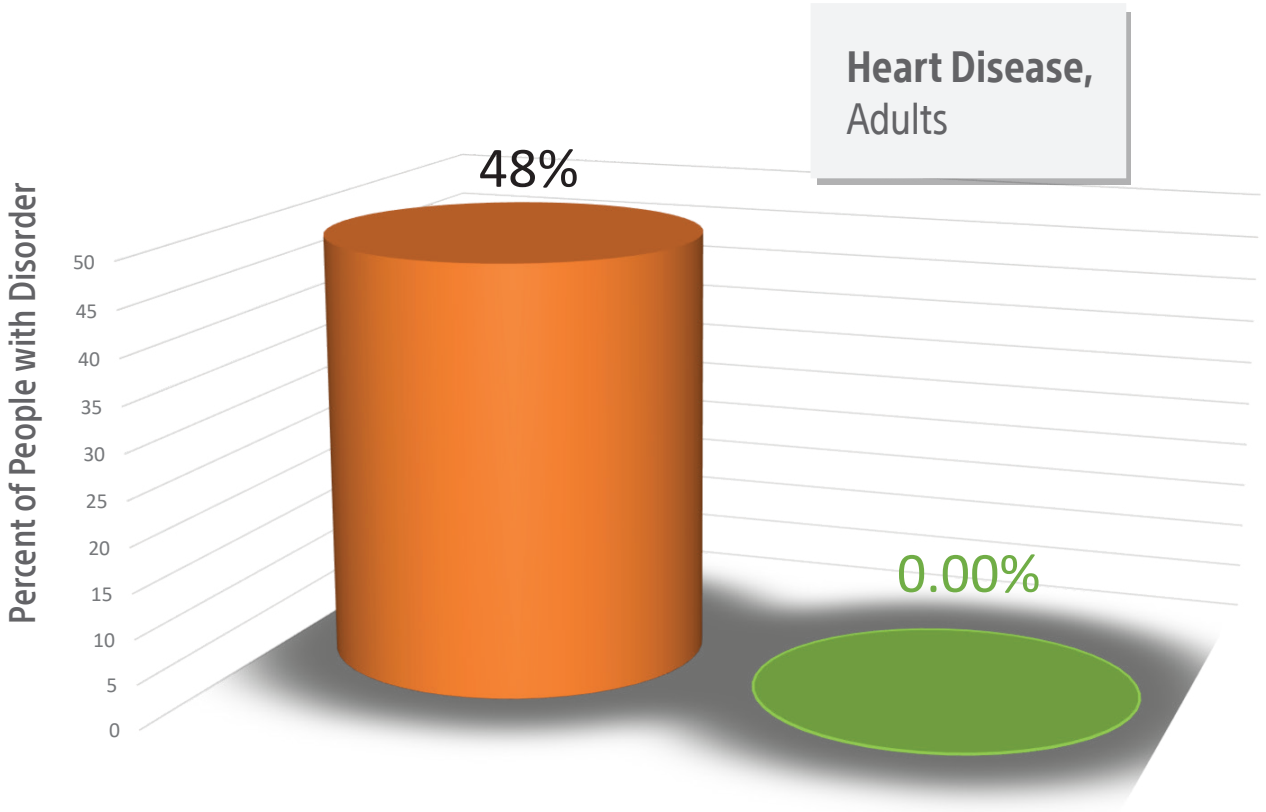
*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 0.0%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of heart disease in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: infinite / incalculable. This calculation is supported by an infinitesimal p-value. See full report for detailed explanation.

"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population
  (AHA, Cardiovascular diseases affect nearly half of American adults, statistics show. https://www.heart.org/en/news/2019/01/31/cardiovascular-diseases-affect-nearly-half-of-american-adults-statistics-show)
- Pilot survey data for 100% Unvaccinated Control Group

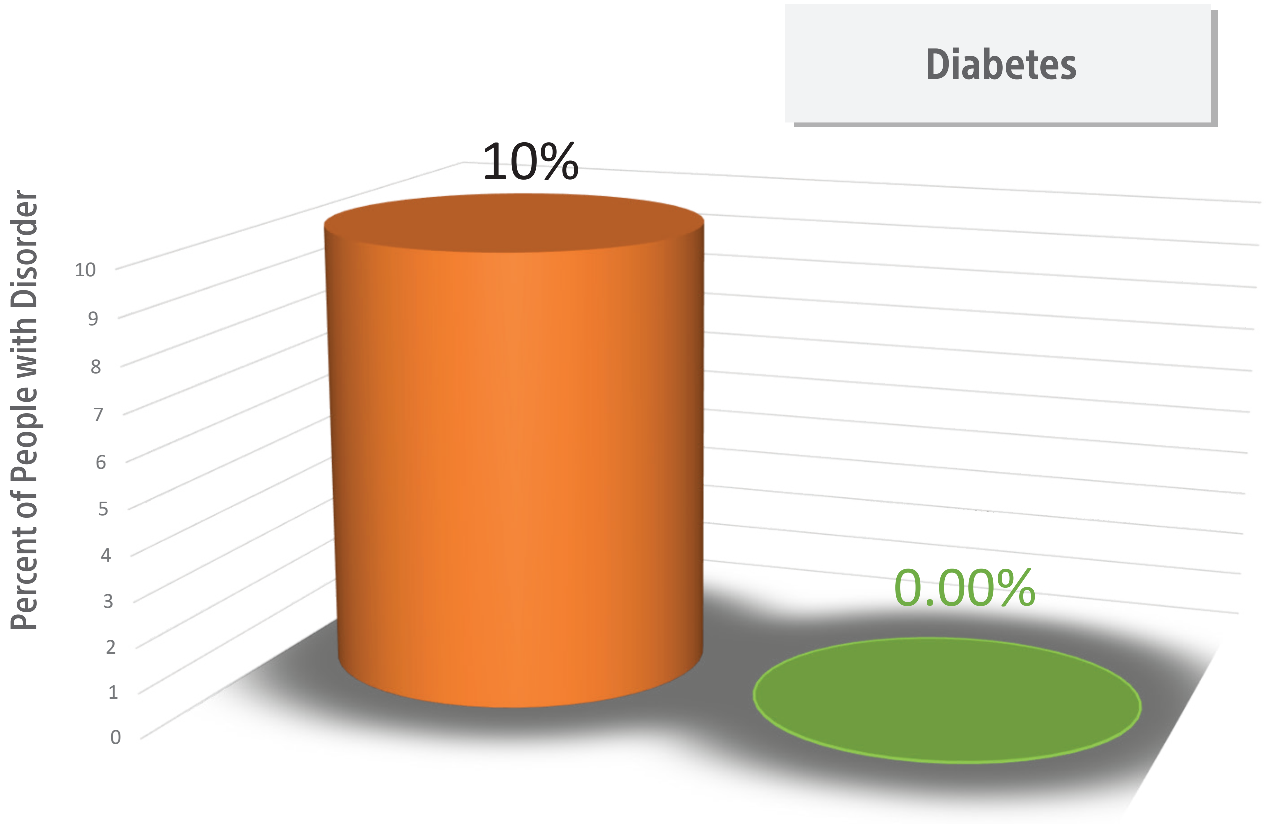
*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP
LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population** (CDC, A Snapshot: Diabetes In The United States. https://www.cdc.gov/diabetes/library/socialmedia/infographics/diabetes.html)
- **Pilot survey data for 100% Unvaccinated Control Group**

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

Risk Factor in Total Population = 0.0%

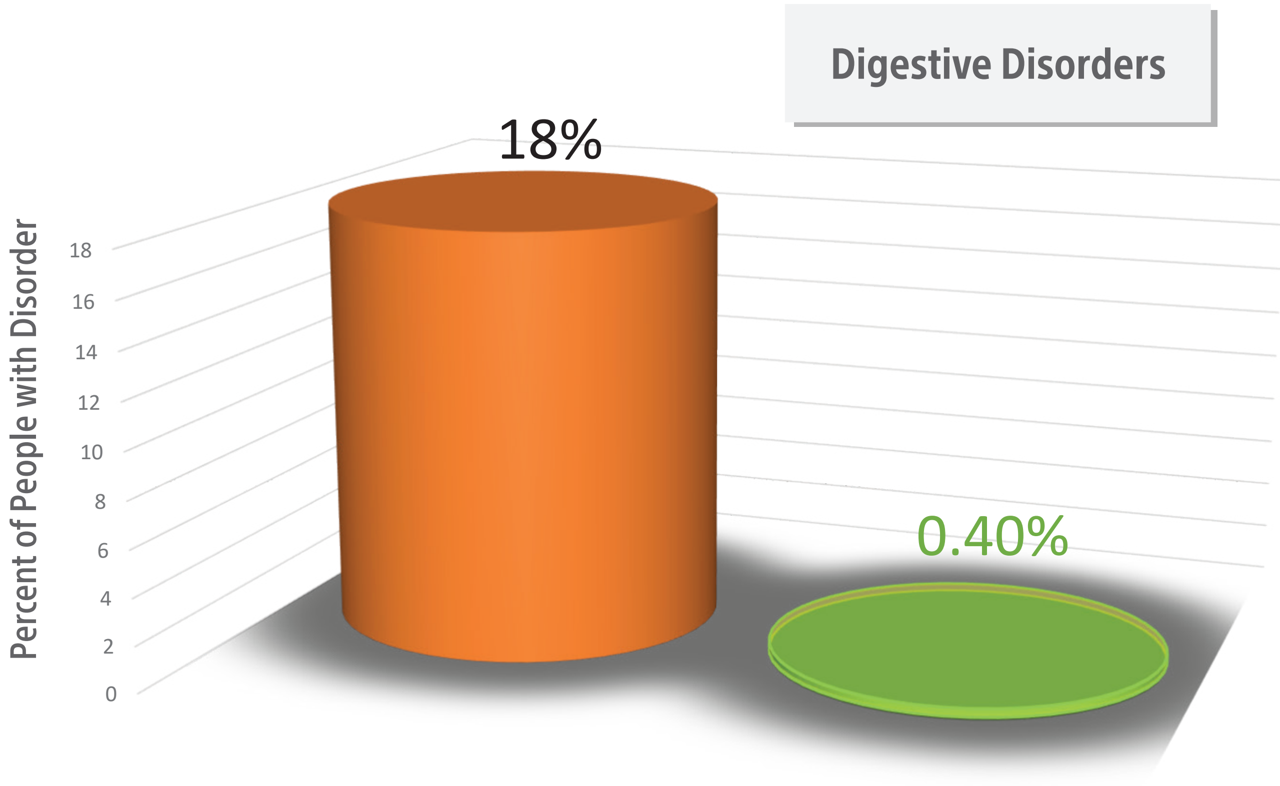
This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of diabetes in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 64,953,268,637,406,300,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 1.54E-68. See full report for detailed explanation.

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population (NIH, Digestive Diseases Statistics for the United States. https://www.niddk.nih.gov/health-information/health-statistics/digestive-diseases#all)
- Pilot survey data for 100% Unvaccinated Control Group
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP
LITIGATION

Unvaccinated Population

Risk Factor in Total Population = 0.40%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of digestive disorders in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 32,186,709,336,657,400,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 3.11E-116. See full report for detailed explanation.

Subsets

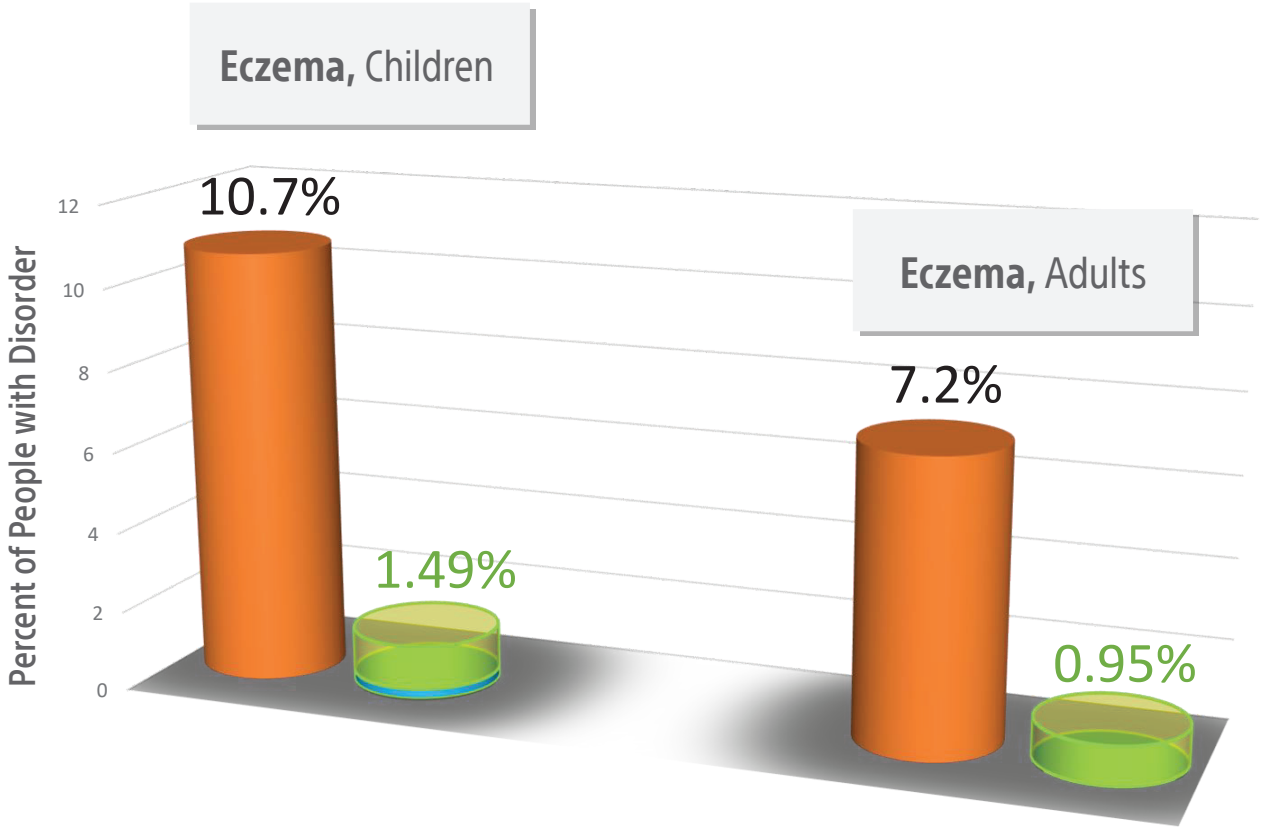
- **1.09%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.12%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population (AJMC, Overview of Atopic Dermatitis. https://www.ajmc.com/journals/supplement/2017/atopic-dermatitis-focusing-on-the-patient-care-strategy-in-the-managed-care-setting/overview-of-atopic-dermatitis-article)
- Pilot survey data for 100% Unvaccinated Control Group
  - △ Unvaccinated but exposed to K-shot and/or maternal vaccination
  - ▲ Unvaccinated and unexposed to K-shot and maternal vaccination

Unvaccinated Population

Risk Factor in Total Population, Children = 1.49%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of eczema in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 133,383,762,863,829,000,000,000,000,000,000,000. This calculation is supported by the p-value 7.50E-39. See full report for detailed explanation.

Subsets

△ **3.27%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)

▲ **0.36%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

Risk Factor in Total Population, Adults = .95%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of eczema in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 43,711. This calculation is supported by the p-value 2.29E-05. See full report for detailed explanation.

Subsets

△ **6.25%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)

▲ **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

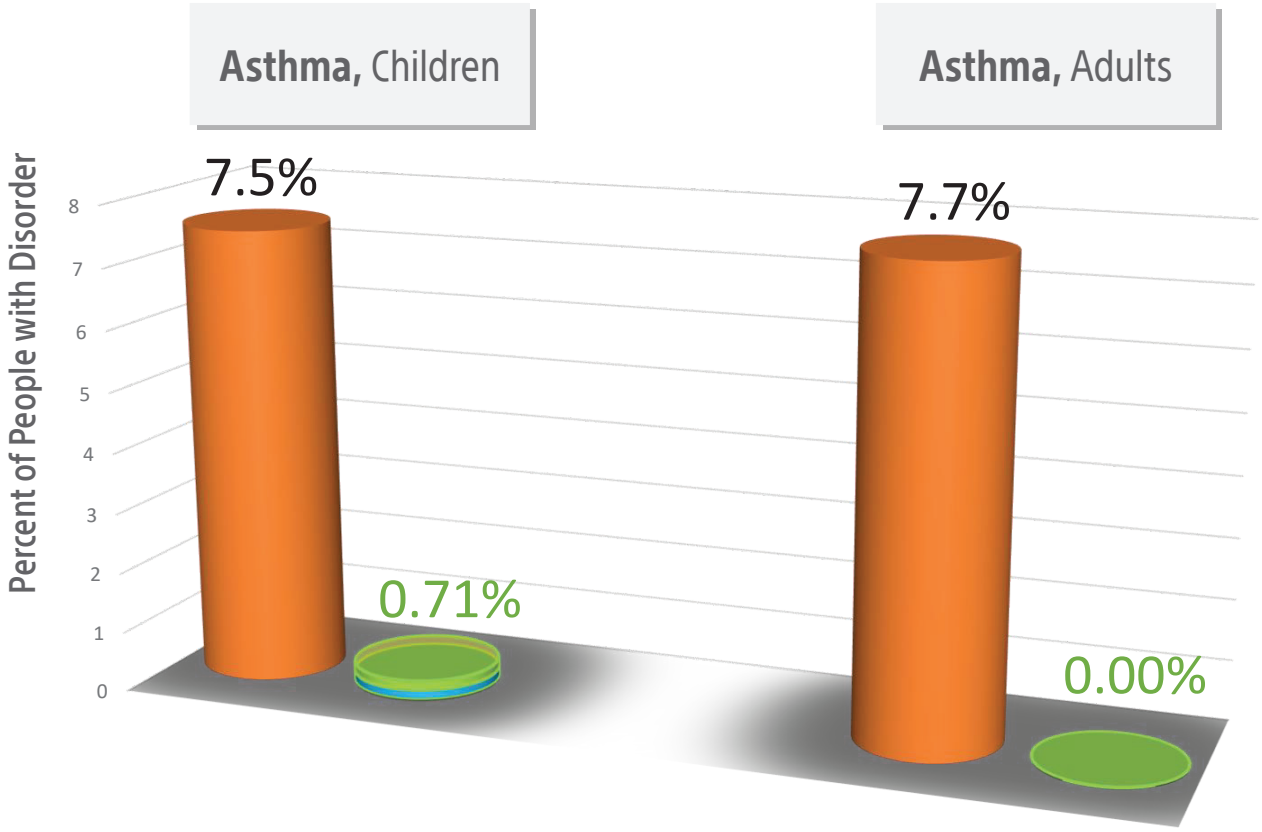
*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

THE CONTROL GROUP LITIGATION

- U.S. National data for approximately 99%+ Vaccinated Population (CDC, Asthma. https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm)
- Pilot survey data for 100% Unvaccinated Control Group

Unvaccinated Population

- **Risk Factor in Total Population, Children = 0.71%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of asthma in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 3,017,587,0 25,023,760,000,000,000,000,000. This calculation is supported by the p-value 3.31E-31. See full report for detailed explanation.

  Subsets

  - **1.64%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - **0.24%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

- **Risk Factor in Total Population, Adults = 0.00%**

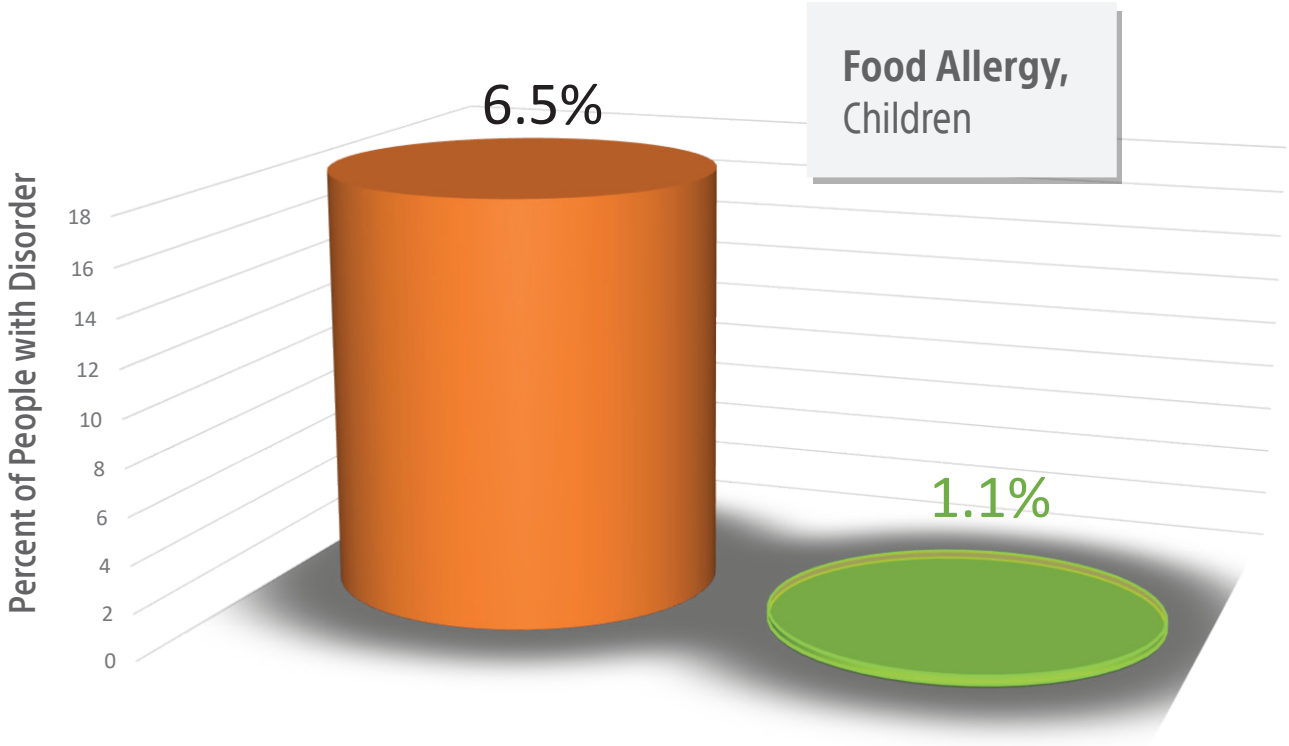
  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of asthma in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 20,306,860. This calculation is supported by the p-value 4.92E-08. See full report for detailed explanation.

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 1.10%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of food allergy in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 592,075,437,482,422,000,000. This calculation is supported by the p-value 1.69E-21. See full report for detailed explanation.

Subsets

- **1.87%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.71%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  (CDC, Summary Health Statistics: National Health Interview Survey, 2018. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_C-2.pdf)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

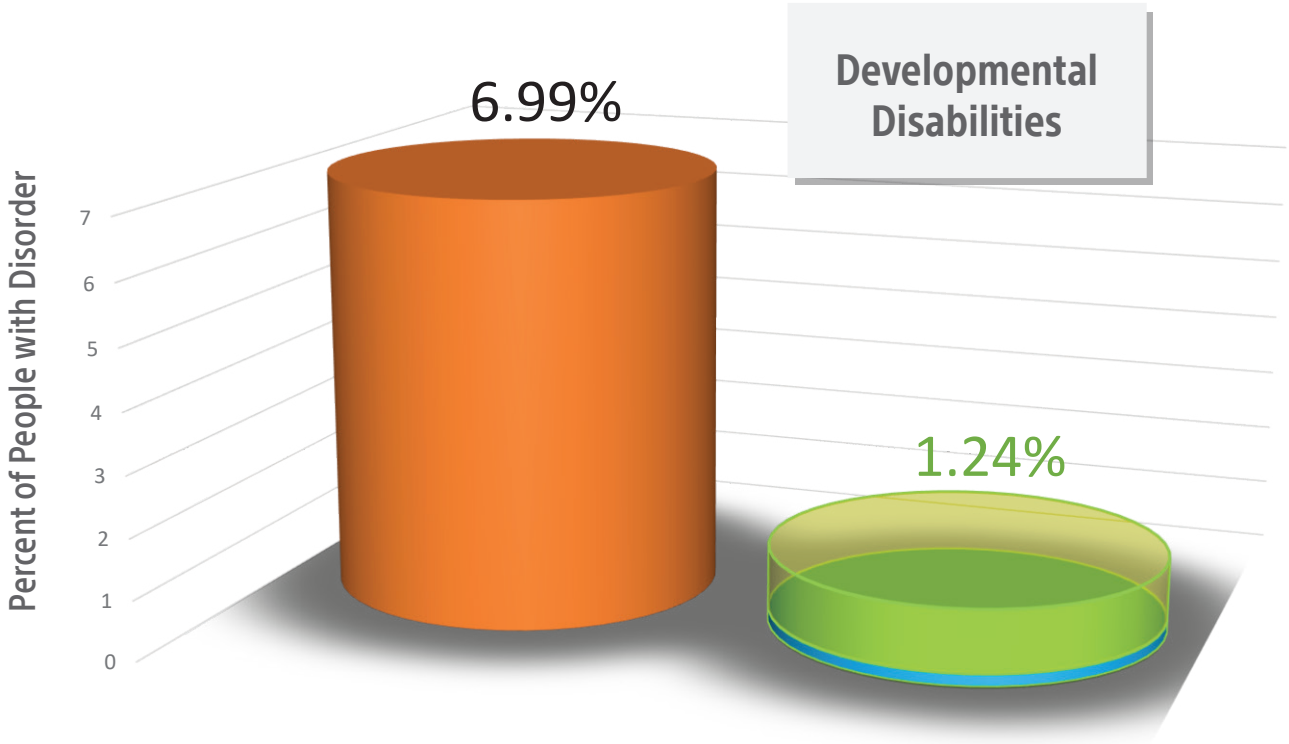
*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP
LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 1.24%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of developmental disabilities in America. Specifically, the odds that this large control group of unvaccinated children age 3-17 (as featured on this chart) would be exponentially healthier than vaccinated children age 3-17 by mere chance: 1 in 53,393,538,932,590,800. This calculation is supported by the p-value 1.87E-17. See full report for detailed explanation.

Subsets

- **2.97%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.32%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population (CDC, NCHS Data Brief No. 291. https://www.cdc.gov/nchs/products/databriefs/db291.htm)
- Pilot survey data for 100% Unvaccinated Control Group
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

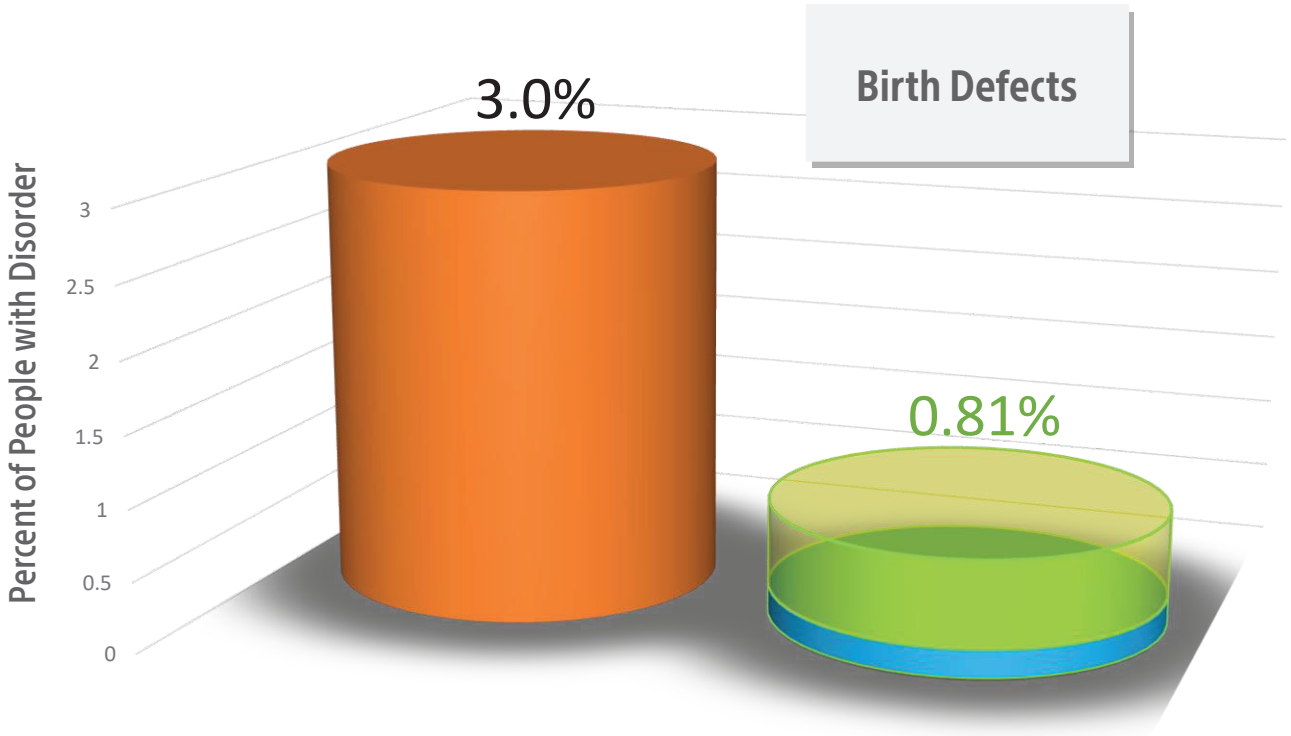
*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 0.81%*

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of diagnosed "birth defects" in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 174,173,338. This calculation is supported by the p-value 5.74E-09. See full report for detailed explanation.

Subsets

- **1.96%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.29%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Only 3.31% of the unvaccinated surveyed were exposed to maternal vaccines, and yet they accounted for 43% of the reported birth defects in this pilot survey.

More specifically, this Control Group pilot survey data shows that the risk of being born with birth defects within a maternal vaccine subset group is 6.12%, which correlates almost precisely to national data: the national maternal vaccination rate is 48.8% (https://www.cdc.gov/vaccines/pregnancy/hcp-toolkit/maternal-vaccination-coverage.html), and the national birth defect rate is 3% (see chart citation to CDC). As 3% doubled is 6%, and because there is a near absence of birth defects in the control group subset without maternal vaccination, this pilot survey provides corroborating evidence that maternal vaccination is causing a pandemic rate of birth defects in the USA. !!

"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

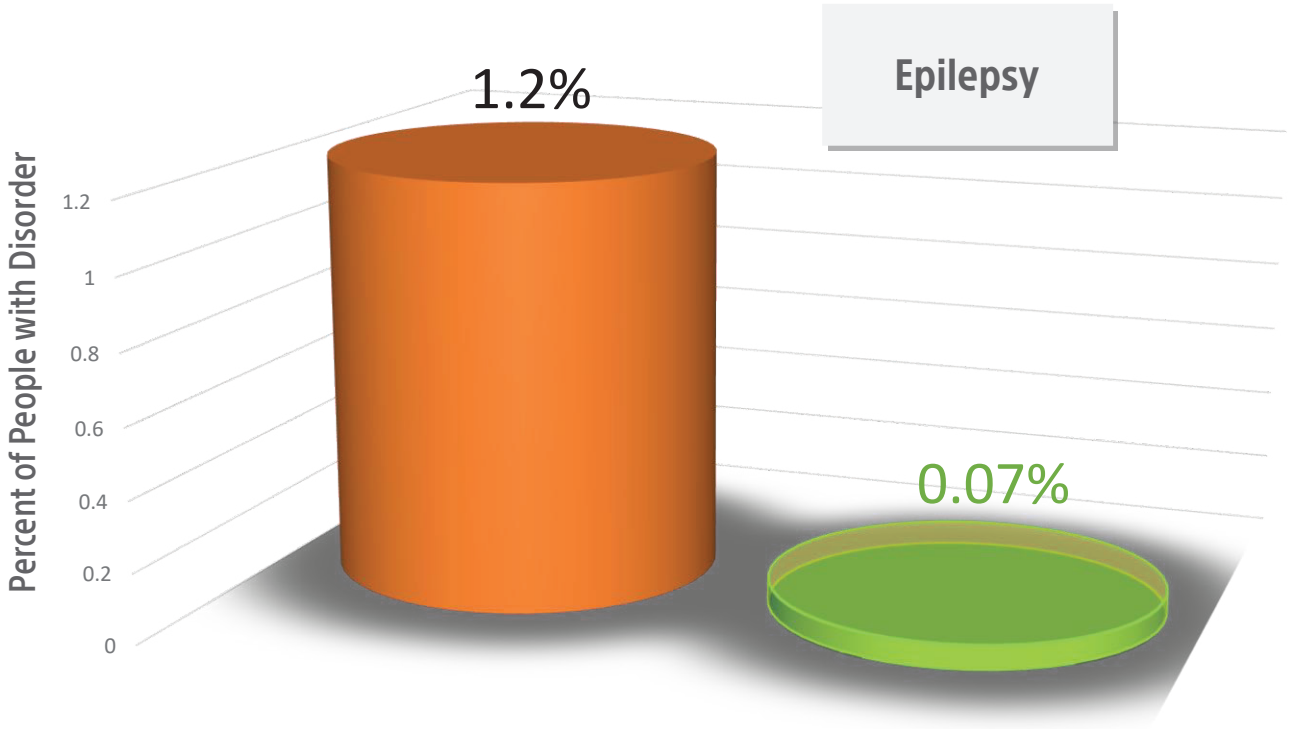
- U.S. National data for approximately 99%+ Vaccinated Population
  (CDC, Birth Defects. https://www.cdc.gov/ncbddd/birthdefects/index.html)
- Pilot survey data for 100% Unvaccinated Control Group
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

THE CONTROL GROUP LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 0.07%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of epilepsy in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 3,100,663. This calculation is supported by the p-value 3.23E-07. See full report for detailed explanation.

Subsets

- **0.22%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*"The **cure** cannot be worse than the **problem** itself."*
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population (CDC, Epilepsy. https://www.cdc.gov/epilepsy/data/index.html)
- Pilot survey data for 100% Unvaccinated Control Group
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

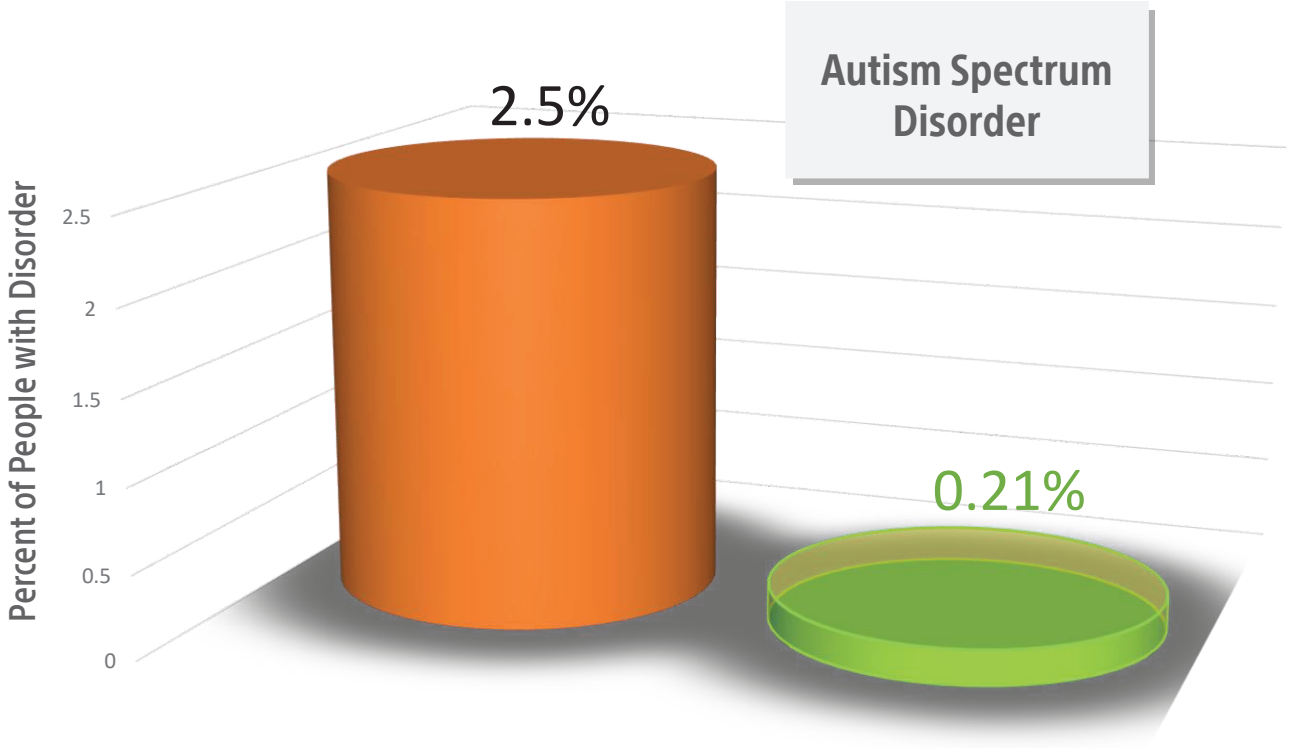
*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 0.21%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of autism in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 128,902,754. This calculation is supported by the p-value 7.76E-09. See full report for detailed explanation.

Subsets

- **0.59%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  (Kogan et al. (2018). The Prevalence of Parent-Reported Autism Spectrum Disorder Among US Children. Pediatrics 142 (6) e20174161. https://doi.org/10.1542/peds.2017-4161)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

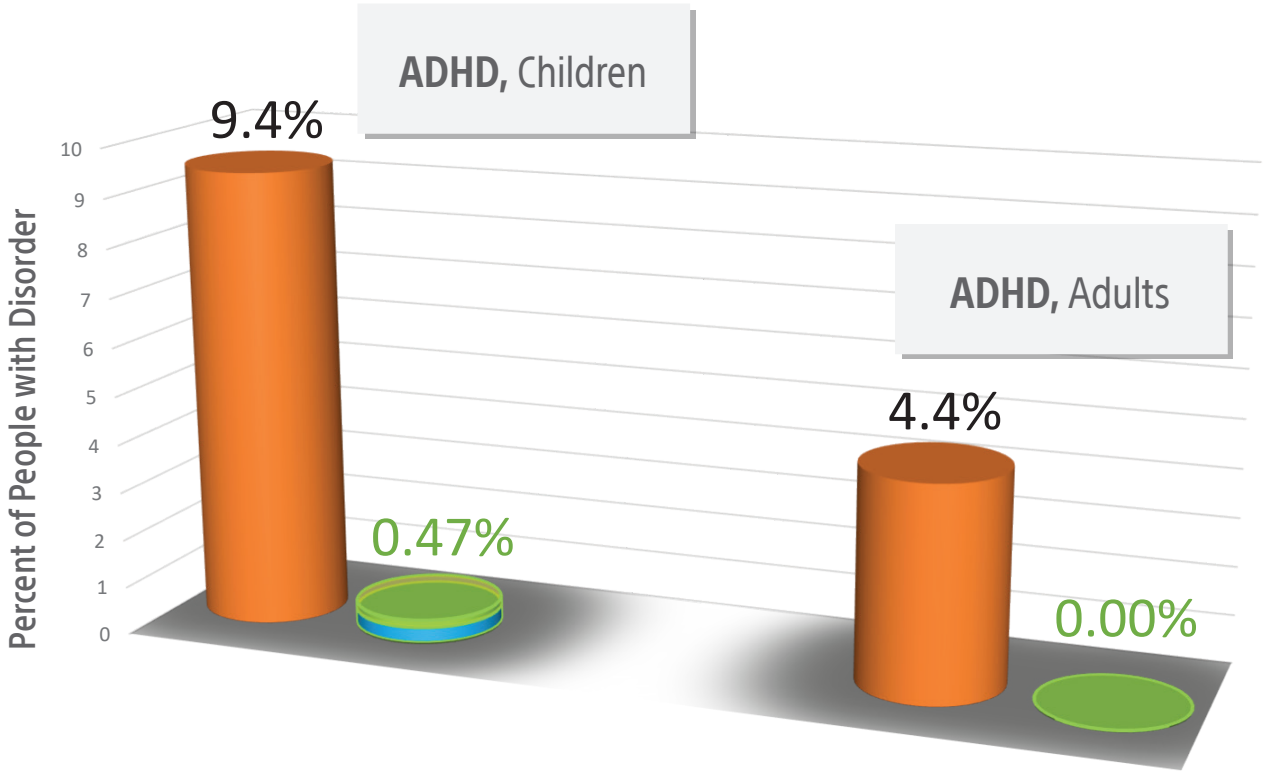
*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  Population (CDC, Attention-Deficit / Hyperactivity Disorder (ADHD). https://www.cdc.gov/ncbddd/adhd/data.html; NIMH, Attention-Deficit/Hyperactivity Disorder (ADHD). https://www.nimh.nih.gov/health/statistics/attention-deficit-hyperactivity-disorder-adhd.shtml)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

Unvaccinated Population

- **Risk Factor in Total Population, Children = 0.47%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of ADHD in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 449,104,622,125,953,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 2.23E-45. See full report for detailed explanation.

  Subsets
  - **0.47%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
  - **0.47%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

- **Risk Factor in Total Population, Adults = 0.00%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of ADHD in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 12,701. This calculation is supported by the p-value 7.87E-05. See full report for detailed explanation.

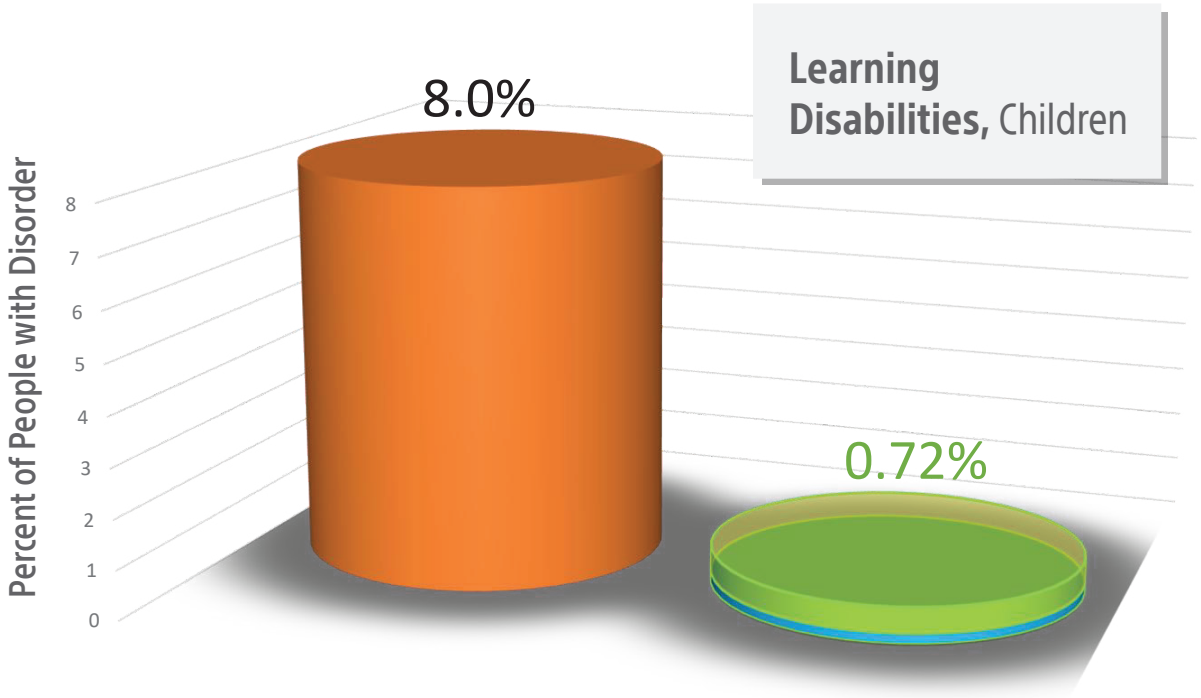
*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population**
  (Prevalence of Learning Disabilities in Mental Disorders and Disabilities Among Low-Income Children. Boat TF, Wu JT, eds. Washington (DC): National Academies Press (US); 2015. https://www.ncbi.nlm.nih.gov/books/NBK332880)
- **Pilot survey data for 100% Unvaccinated Control Group**
  - △ Unvaccinated but exposed to K-shot and/or maternal vaccination
  - ▲ Unvaccinated and unexposed to K-shot and maternal vaccination

Unvaccinated Population

- **Risk Factor in Total Population = 0.72%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of learning disabilities in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 16,537,382,528,756,600,000,000,000 This calculation is supported by the p-value 6.05E-26. See full report for detailed explanation.

Subsets

- △ **1.48%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- ▲ **0.32%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

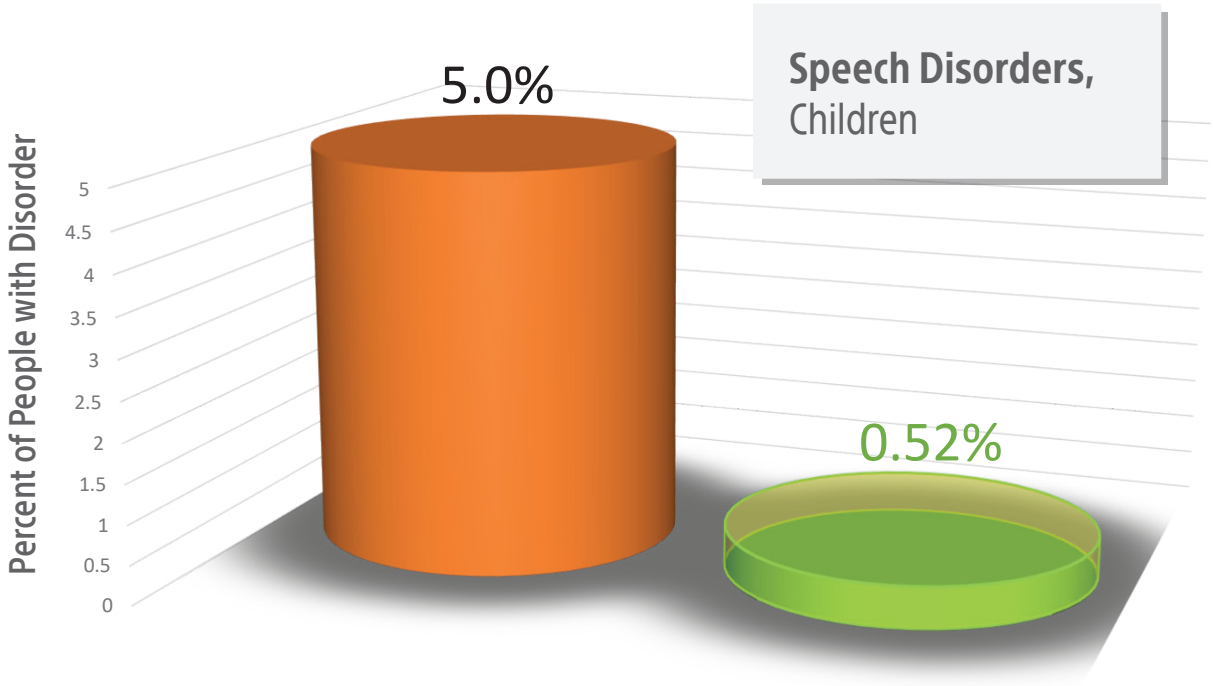
*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."

- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population (CDC, NCHS Data Brief No. 205. https://www.cdc.gov/nchs/products/databriefs/db205.htm)
- Pilot survey data for 100% Unvaccinated Control Group
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

Unvaccinated Population

- **Risk Factor in Total Population = 0.52%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of speech disorders in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 1,115,522,286,215,680. This calculation is supported by the p-value 8.96E-16. See full report for detailed explanation.

Subsets

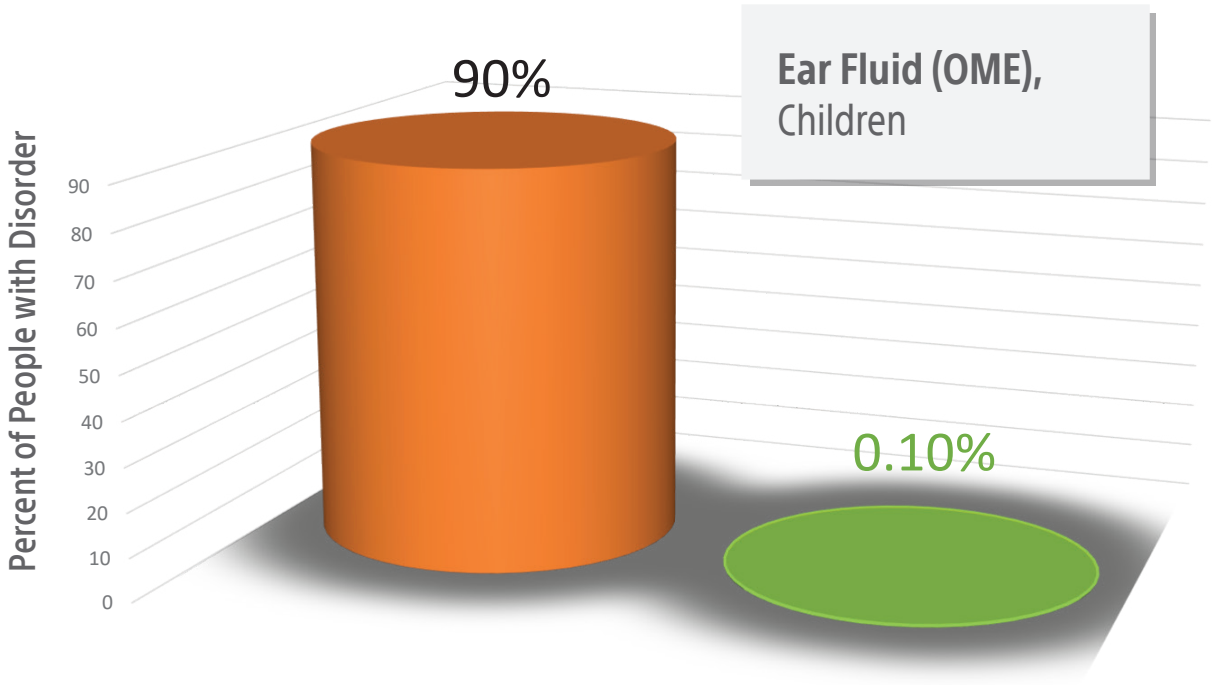
- **1.48%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

Exhibit A

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population
  (AHRQ, Otitis Media With Effusion: Comparative Effectiveness of Treatments. https://effectivehealthcare.ahrq.gov/products/ear-infection/research-protocol)
- Pilot survey data for 100% Unvaccinated Control Group
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

Unvaccinated Population

- **Risk Factor in Total Population = 0.10%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of OME in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: infinite / incalculable. This calculation is supported by an infinitesimal p-value. See full report for detailed explanation.

Subsets

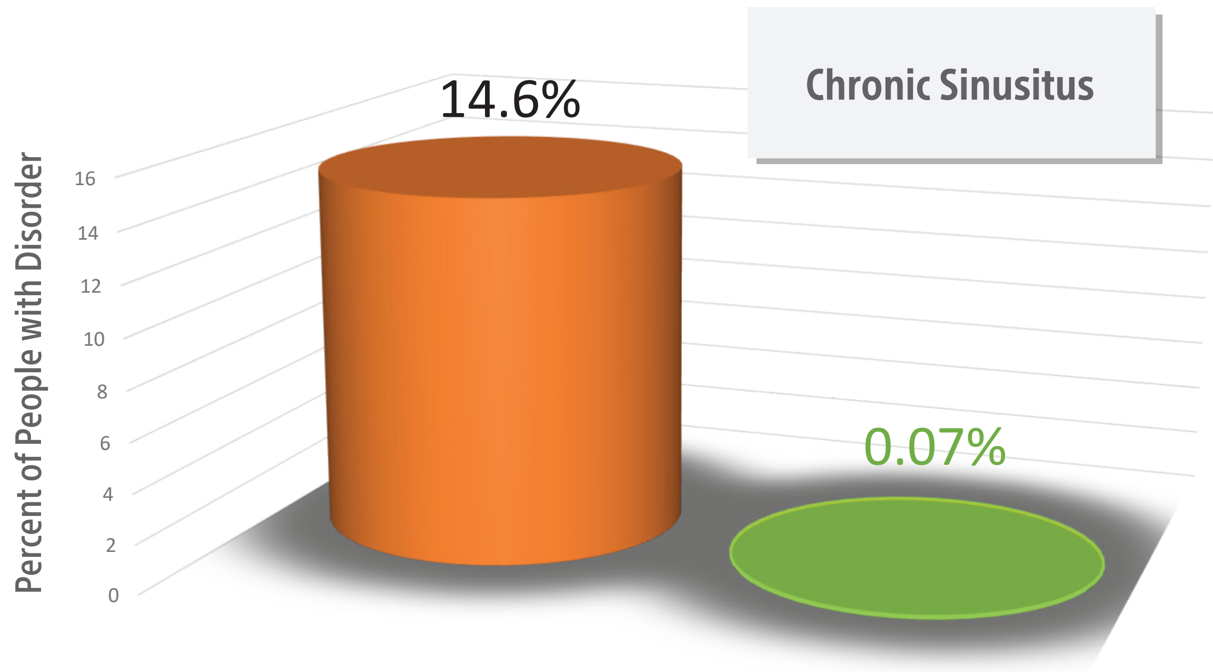
- **0.29%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population (Medscape, What is the prevalence of chronic sinusitis in the US? https://www.medscape.com/answers/232791-42182/what-is-the-prevalence-of-chronic-sinusitis-in-the-us)
- Pilot survey data for 100% Unvaccinated Control Group
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

Unvaccinated Population

Risk Factor in Total Population = 0.07%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of chronic sinusitus in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 1,492,731,523,722,410,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000. This calculation is supported by the p-value 6.70E-100. See full report for detailed explanation.

Subsets

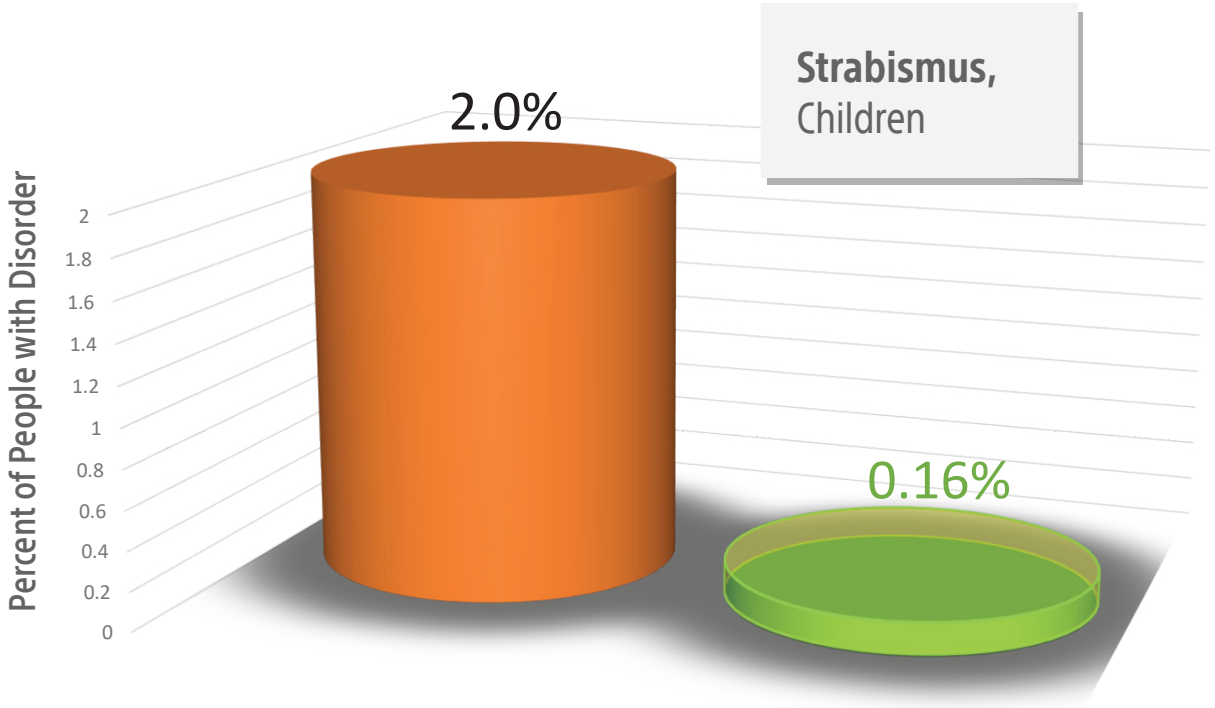
- **0.22%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

THE CONTROL GROUP
LITIGATION

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population
  (Prevent Blindness, Eye Diseases & Conditions, Strabismus. https://preventblindness.org/strabismus/)
- Pilot survey data for 100% Unvaccinated Control Group
  - Unvaccinated but exposed to K-shot and/or maternal vaccination
  - Unvaccinated and unexposed to K-shot and maternal vaccination

Unvaccinated Population

- **Risk Factor in Total Population = 0.16%**

  This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of strabismus in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 397,893,965. This calculation is supported by the p-value 2.51E-09. See full report for detailed explanation.

Subsets

- **0.47%** (risk factor within the subset group that received the K-shot and/or pregnancy vaccination)
- **0.00%** (risk factor within the subset group unexposed to the K-shot and pregnancy vaccination)

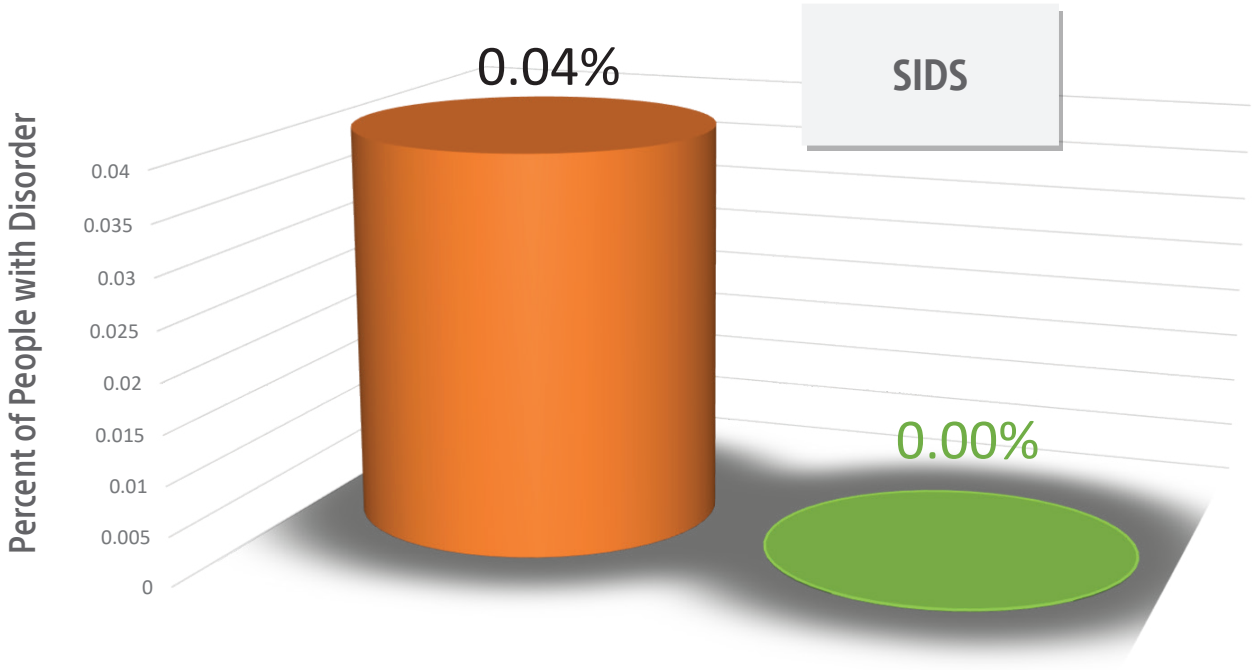
*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



Unvaccinated Population

● Risk Factor in Total Population = 0.00%

"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

● U.S. National data for approximately 99%+ Vaccinated Population
(Biomarkers of Sudden Infant Death Syndrome (SIDS) Risk and SIDS Death in SIDS Sudden Infant and Early Childhood Death: The Past, the Present and the Future. Duncan JR, Byard RW, eds. Adelaide (AU): University of Adelaide Press; 2018. https://www.ncbi.nlm.nih.gov/books/NBK513404)

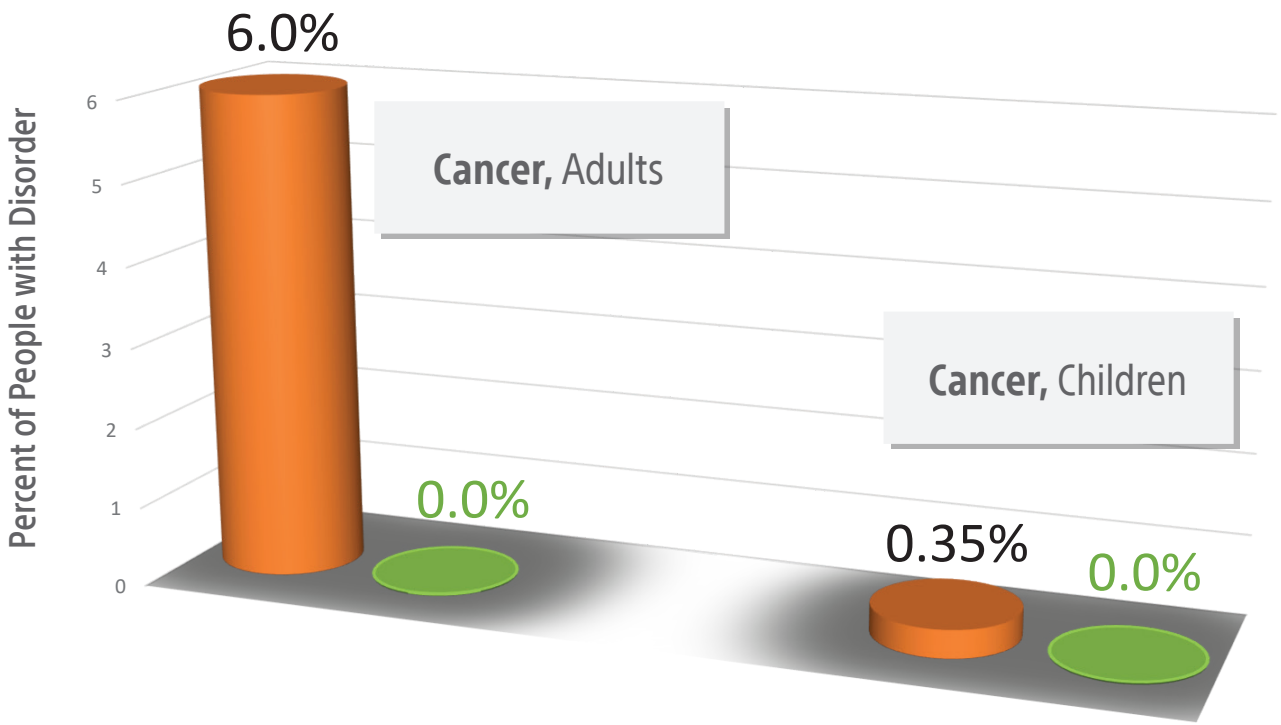
● Pilot survey data for 100% Unvaccinated Control Group

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP
LITIGATION

2020 Pilot Survey Data Comparison

VACCINATED -vs- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population, Adults = 0.00%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of cancer in America. Specifically, the odds that this large control group of unvaccinated adults (as featured on this chart) would be exponentially healthier than vaccinated adults by mere chance: 1 in 439,694. This calculation is supported by the p-value 2.27E-06. See full report for detailed

Risk Factor in Total Population, Children = 0.00%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of cancer in America. Specifically, the odds that this large control group of unvaccinated children (as featured on this chart) would be exponentially healthier than vaccinated children by mere chance: 1 in 86. This calculation is supported by the p-value 1.16E-02. See full report for detailed explanation.

"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- **U.S. National data for approximately 99%+ Vaccinated Population** (CDC, Cancer Prevention and Control. https://www.cdc.gov/cancer/dcpc/research/articles/cancer_2020.htm; ACCO, US Childhood Cancer Statistics. https://www.acco.org/us-childhood-cancer-statistics/)
- **Pilot survey data for 100% Unvaccinated Control Group**

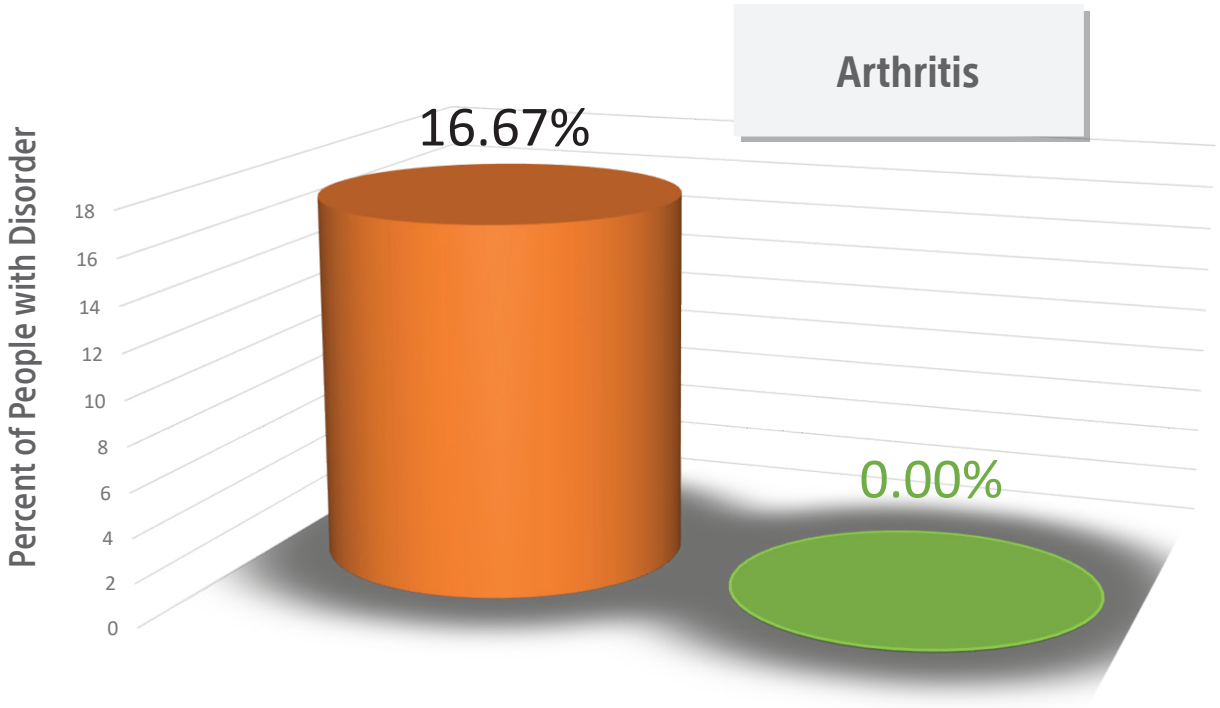
*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

Exhibit A

2020 Pilot Survey Data Comparison

VACCINATED -VS- UNVACCINATED



Unvaccinated Population

Risk Factor in Total Population = 0.00%

This pilot survey provides numerical proof that vaccines are causing an exponential increased risk of arthritis in America. Specifically, the odds that this large control group of unvaccinated people (as featured on this chart) would be exponentially healthier than vaccinated people by mere chance: 1 in 42,826,227,194,256,900. This calculation is supported by the p-value 2.34E-17. See full report for detailed explanation.

"The cure cannot be worse than the problem itself."
- President Donald J. Trump, October 22, 2020, Presidential Debate

- U.S. National data for approximately 99%+ Vaccinated Population (CDC, Arthritis. https://www.cdc.gov/arthritis/data_statistics/state-data-current.htm)
- Pilot survey data for 100% Unvaccinated Control Group

*Total survey produced 99% Confidence Interval [5.95,5.99] without finite population correction. Please see full report for all sample rates, equations, values, and methodology.

THE CONTROL GROUP LITIGATION

Exhibit A

Exhibit B

Summary & Guide To: The Control Group Pilot Study

STATISTICAL EVALUATION OF HEALTH OUTCOMES FOR THE UNVACCINATED

November 30th, 2020
By Joy Garner, Founder of The Control Group [1]
TheControlGroup.org

Introduction

In 2011, the U.S. Department of Health and Human Services commissioned a study to be conducted by Harvard-Pilgrim Healthcare with the objective of determining how accurately the U.S. Government's Vaccine Adverse Event Reporting System (the "VAERS") had been keeping an accounting of the vaccine injuries and deaths the American people were suffering. [2] The resulting report opens with the words "Vaccine adverse events are common [ ]". The report concludes that, "less than one percent (1%) of vaccine side-effects are ever reported".

This horrifying revelation was swiftly concealed and fully-censored by the media. This censorship continues to this day, and is buttressed by heavy search-engine and social media censorship. Obviously, the number of reported side-effects listed with the VAERS, including deaths, could only begin to approach accuracy *if* they were first multiplied by *at*

[1] For litigation questions, contact Lead Counsel for The Control Group Litigation: *Greg Glaser, greg@gregglaser.com*

[2] "Adverse events from vaccines are common but underreported, *with less than one percent* reported to the Food and Drug Administration (FDA). And: "New surveillance methods for drug and vaccine adverse effects are needed." (Emphasis added.) Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP:VAERS) (Massachusetts) Performing Organization: Harvard Pilgrim Health Care, Inc. - Submitted to: The Agency for Healthcare Research and Quality (AHRQ) U.S. Department of Health and Human Services. At: https://digital.ahrq.gov/sites/default/files/docs/publication/r18hs017045-lazarus-final-report-2011.pdf NOTE: This study, exposing the 99% failure rate of the VAERS, was intentionally concealed from public view under the Obama administration, and nothing changed over at the FDA or the VAERS under his administration as a result of these findings.

least 100 times. [3] But even this correction would only expose some of what happens *shortly after* vaccination. Vaccines are engineered to *permanently* alter the human immune system, and yet our agencies have never even investigated the *long term* health effects.

The vaccine marketing-slogan "safe" has always depended upon the disproven adjective "rare" in reference to side-effects. In the American Restatement (Second) of Torts 402A (comment k) vaccines are formally classified as "unavoidably unsafe". [4] But we are told vaccines are "safe". Vaccines are not only ***unsafe***, they are "unavoidably" so. And the injuries are common, a ***minimum*** of 100 times more common than the VAERS will report.

The fact our obscenely abusive laws currently protect the pharmaceutical industry from any consequences for this fraud, and from the injuries it *commonly* causes, does not alter the dictionary definition of the word fraud. [5] [6] Few people suffer such severe cognitive dissonance that they would *still* believe vaccines are "safe" *once made aware* vaccines are "unavoidably ***unsafe***" products that *commonly* injure, disable, and kill people.

1. ***How could vaccines cause so many different health problems?***
Two imperative facts make the point: (1) the most common and deadly health conditions seen in Americans today are known to be caused by immune dysfunction, and/or immune-system-mediated chronic inflammation, including heart disease,[7] thyroid disorders, [8]

---

[3] As of 2019, VAERS had captured 7,118 death reports within 30 days of vaccination. More than 79% of the reported deaths occurred *within hours* of vaccination, i.e., on the same day as vaccination. That's at least 711,800 or more actual deaths, not counting those who succumbed more than 30 days after injection, and also not counting the *much larger* numbers of those who suffered hospitalization and/or permanent health injuries which *later* led to death, after lengthy and agonizing struggles for survival. Again, the 711,800 only represents a *minimum* number of those who died *within* 30 days after injection, 79% of which, succumbed *within hours* of injection. See Full Report for further detail on how the VAERS numbers are falsely presented in support of claims that vaccine injuries are "rare" in medical research papers making this false claim.

[4] SEE: Restatement (Second) of Torts 402A (comment k) "Unavoidably Unsafe Products".

[5] "Obscenely abusive" is used here, as enforcement of these laws are the textbook definition of crimes against humanity. See: The Nuremberg Code and the Helsinki Accord.

[6] Due to the passage of the 1986 National Childhood Vaccine Injury Act, nobody involved in the manufacture, sale, or distribution of vaccines, may be held accountable for the injuries and deaths caused by vaccines, no matter how fraudulent the slogans used to market them. See: H.R.5546 - National Childhood Vaccine Injury Act of 1986 – At: https://www.congress.gov/bill/99th-congress/house-bill/5546

[7] "Atherosclerosis (AT) was once considered to be a degenerative disease that was an inevitable consequence of aging. However, researchers in the last three decades have shown that AT is ***not*** degenerative or inevitable. It is an ***autoimmune***-inflammatory disease associated with infectious and inflammatory factors, characterized by lipoproteins metabolism alteration that leads to immune system activation with the consequent proliferation of smooth-muscle cells, narrowing arteries and atheroma formation." (Emphasis added.) **Autoimmunity: From Bench to Bedside** [Internet]. **Chapter 38 - *Cardiovascular involvement in autoimmune diseases* -** Jenny Amaya-Amaya, Juan Camilo Sarmiento-Monroy, and Adriana Rojas-Villarraga. https://www.ncbi.nlm.nih.gov/books/NBK459468/

[8] "Graves' disease is an immune system disorder that results in the overproduction of thyroid hormones (hyperthyroidism)." ***Graves' Disease***- Mayo Clinic - At: https://www.mayoclinic.org/diseases-conditions/graves-disease/symptoms-causes/syc-20356240 And: The American Thyroid Association states that: "Autoimmune thyroid disease is relatively common. Anti-thyroid antibodies are present in up to 20% of the U.S. population." And: "Autoimmune thyroiditis occurs when thyroid cells are damaged by the immune system. Many different organs and tissues can be affected by autoimmune disease, including the endocrine

diabetes, [9] kidney failure, [10] allergies, digestive disorders, eczema, asthma, brain and nervous system disorders, and many more, and; (2) the mechanisms by which vaccine adjuvants trigger and permanently-alter the immune system are *still* a mystery. [11] 99.74% of Americans were injected with vaccine adjuvants before we understood them. And we *still* don't understand them. We do know they "trigger" the immune system.

Most of the 'top' scientists in this field rely heavily upon pharma-funding so they all plead the 5th when it comes to explaining *what* has injured the immune systems of *most* Americans. They persist in pretending they've got "no idea" as they search for elusive genetic, race, or socioeconomic causes, i.e., anything *besides* vaccines to blame for all of these immune disorders. This farce keeps their benefactors very happy, but it requires an astounding number of scientifically obtuse "experts" and consistent fraud to sustain it.

Once the immune system is triggered into action for attack, there's no tissue or system of the victim that is "immune" to *their own* immune system. [12] This stealthy and progressive method of destruction can take weeks, months, or even years, before the victim knows there's a problem. In most cases, the damage only becomes noticeable after the culprit is long gone. In the crime of arson, this outcome is achieved with a "delayed incendiary device". Its purpose is to provide an alibi for the culprit when the fire later begins to rage.

Picture here, a Big Pharma executive ("Mr. V") on an exotic island sipping a drink with an umbrella in it, while suburban working parents try to cope with the fact their child has been deprived of most things that make life worth living. Maybe their child is sick all of the time, or will never talk, or walk, or never know what it is to fall in love. Or maybe their child will not live much longer. And their pediatrician will only profit from endlessly dispensing more and more expensive drugs and "treatments", but never a cure, while telling the parents it must be "genetic". Even when the symptoms do appear *immediately after*

---

glands, nerves, muscles, skin, blood cells, and the digestive system." At: https://www.thyroid.org/patient-thyroid-information/what-are-thyroid-problems/q-and-a-autoimmune-thyroiditis/

[9] "The immune system targets and ultimately destroys the beta cells, resulting in an absence of insulin and the subsequent diagnosis of diabetes. This autoimmune process is thought to smolder for years, and there are individuals at risk of developing diabetes who do not yet have the diagnosis." University of CA, San Francisco – Diabetes Education Online: ***Autoimmunity*** – At: https://dtc.ucsf.edu/types-of-diabetes/type1/understanding-type-1-diabetes/autoimmunity/

[10] ***Autoimmune attack underlying kidney failure*** – Science Daily - Science News- March 16th, 2016: "Interstitial nephritis, a common cause of kidney failure, has a complex and largely unknown pathogenesis. In a new published paper in *The Journal of the American Society of Nephrology (JASN)*, a team of researchers led from Karolinska Institutet shows how interstitial nephritis can develop from an ***autoimmune attack*** on the kidney's collecting duct." AT: https://www.sciencedaily.com/releases/2016/03/160316194409.htm

[11] "Despite their critical role in vaccines, adjuvant mechanism of action remains poorly understood, which is a barrier to the development of new, safe and effective vaccines." **Recent advances in experimental polyphosphazene adjuvants and their mechanisms of action -** October 2018 Cell and Tissue Research - 374(2) DOI: 10.1007/s00441-018-2929-4 Authors: Royford Magiri, George Mutwiri, Heather Wilson https://www.researchgate.net/publication/328148100_Recent_advances_in_experimental_polyphosphazene_adjuvants_and_their_mechanisms_of_action

[12] Ground up aborted human fetuses (as well as "immortal" human cancer tumor cells) are common in vaccines, in combination with immune-system triggering adjuvants, which logic tells us could 'train' the immune system to attack any number of human tissues, as well as the targeted infectious agents.

vaccination, the parents will be told it's just a "coincidence", or they've passed-on "bad genes", and *this* is the reason their child is suffering *or is now dead*.

2. ***In Search of the Null Hypothesis***
In statistical evaluations researchers begin with a null hypothesis. Much like the presumption of innocence for a person on trial for murder, the scientific method requires that the researcher presume their own suspicion (alternative hypothesis) is incorrect, *until* the evidence definitively proves the null hypothesis (innocence) to be wrong.

Our suspect here, "Mr. V", has *already* openly-admitted before the jury that he *does* "sometimes" injure and kill people. Because of his admission, our government has formally classified Mr. V as "unavoidably unsafe". It would be antithetical to the scientific method to presume vaccines are safe. Mr. V is already guilty of causing great bodily-injury and death. The vaccine inserts also admit to this, explaining that these outcomes, *including death*, have been "observed" with injection of this class of product. But "don't worry" we are told, because it's "rare", which is what the false "safe" slogan is *entirely* premised upon. The slogan "rare" is not an objective *numerical* identification of a frequency for use in any risk/benefit equation. "Science" requires math. Math requires *numbers*.

Mr. V says he cannot protect the "herd" from germs *without* "some" human sacrifices. And our government finds an accounting system that fails *over 99% of the time* to be an acceptable "scientific" method for "tracking" the number of Mr. V's sacrifices. Our government demands we surrender our children to Mr. V at the risk of having them confiscated by the state if we refuse. Mr. V's distributors (doctors, nurses, & pharmacists) urge all adults, including all *pregnant* women, to get *frequent* injections, claiming we'll "die" if we refuse. Mr. V claims he's "safe" *because* he only "rarely" injures or kills us.

Our government dutifully supplies these human sacrifices *so nonchalantly* that it's satisfied with a 99% incorrect accounting of Mr. V's victims. In this risk-benefit equation human lives have *so little value* that we dare not raise the question: "How *many* victims?" And if one does dare to ask, they're called "anti-science" and "crazy anti-vaxxers". Until now, the risk-side of the scale remained *empty* with no ratio evaluation *possible*. Vaccine risks are just "worth it". We are told we must "trust" the *lack* of science, (lack of accounting & math). And this *lack* of accounting (99% incorrect), this refusal to *do* the accounting, is the *only* support for Pharma's "rare" characterization of the risks. We are told our unavoidably-unsafe killer does so much 'good' in the community that it's rude to ask *how many* victims he's already accumulated, or what's become of them.

How does one characterize as 'rare', something that's never been *counted?* Try presenting numbers to the IRS from an accounting system that fails *over 99% of the time.* You would go to jail if you did this. But then, it's imperative to keep a perfect accounting when it comes to *money*. Human suffering and death are of zero value *when vaccines are the cause*. The costs (in human suffering) for Mr. V's 'protection' equate to a blank check from our government. They're apparently so rich in this particular resource, that there's no need to even *ask* what the price is. This lends new meaning to the arrogant phase: "If you have to ask, you can't afford it." But 'we the people' truly *can't* afford Mr. V's 'protection'.

At the outset of this particular trial it's already 'in-evidence' that these human sacrifices are *common*, and the "rare" slogan is a lie. This "slogan-science" we're told to "trust" is contradicted by the evidence. The Control Group numbers present *how* common these sacrifices are in plain *numbers*. A jury is free to assign their own slogans and adjectives to these numbers. Here, Mr. V cannot provide *numbers* when asked *how many* human sacrifices he's already taken in exchange for his 'protection', let alone tell us how many *more* sacrifices he intends to make. In deciding whether something is "worth it" one must first know the price to be paid.

"Whenever you can, count" – Sir Francis Galton

3. **The Count:** ***How many entirely unvaccinated "controls" in the USA?***
Over 99.74% of Americans alive in 2020 had been exposed to vaccines. No matter the varying levels of exposure, well over 99% of Americans share this one commonality. This is the "exposure" group. Our National disease, disability, and death statistics enumerate the current condition of this vaccine-exposed "herd" and the accuracy thereof can be assumed at least 99% correct. These are the "cohorts" for the unvaccinated controls that are stratified to the appropriate age groups for comparison of health outcomes. The diseases found in our vaccinated "herd" evidence their chances of survival, *or lack thereof*. But what of the 0.26% who've managed to completely *avoid* Mr. V for their entire lives?

We are told that unvaccinated people contract *more* "vaccine-preventable" infections than the vaccine-exposed-herd, because the unvaccinated are not "immune". If vaccines are "worth the risks" the unvaccinated would suffer *higher* rates of health-injuries and have a lower chance of surivial than the vaccinated herd. But this is not what the numbers, i.e., the *evidence*, shows us.

The Control Group is the 1st study to calculate the percentage of the American population that is entirely unvaccinated in the USA. In 2020 this "control group" (unexposed) stood at less than 0.26% of the population in all age groups combined.[13] [14] Due to the fact this population of interest is finite and only represents a fraction of a percentage of the American population, it was not too difficult to achieve a robust sample rate with coverage

[13] This survey sampled 48 states. See full report for factors and calibrations employed to arrive at the values disclosed herein. In an abundance of caution, the total size of the population of interest has been over-estimated. This produced reliability and confidence values for this study lower than that which would have been produced had the population of interest been further narrowed according to full application of trends established by the CDC, as well as declining rates of unvaccinated after 2016. These trends exposed much lower rates of total vaccine avoidance prior to 2001, along with a dramatically lower number of entirely unvaccinated after 2016, due to a plethora of new laws passed in the most populated American states, which discriminate against citizens based solely upon their vaccination status, denying them access to education, (both public and private) and limiting access to employment in various vital professional fields.
[14] Calibrations against the most recently published CDC data and year-of-birth regression and progression models for historical population levels, the total population of interest (unvaccinated post-birth) for this survey is calculated to have been at 832,521 during the survey period of 2019/2020 in all age groups combined. Both top and bottom rates in the models do not exceed actual observations during any given year, regardless of obvious trends which likely exceed those measured years, and which clearly further reduced the size of this population of interest.

across 95% of the American states. [15] This sample also includes smaller stratified subsets of those who, although they've avoided exposure to vaccines *post-birth*, they were exposed to the vitamin K-shot, and/or maternal vaccines. [16]

4. ***What do the "P-values" in the comparison graphs mean?***
A P-value is an expression of probability. In a murder trial, a probability factor will often be introduced to give evidence context and meaning. A probability (p-value) would answer the question, "What are the odds he *didn't* do it?" If there's only a 1 in 100K chance it *wasn't* him, (based upon forensic evidence as an example) this could disprove his alibi, placing him at the scene. If there's *also* motive and opportunity, the prosecutor has likely managed to eliminate any "reasonable doubts" against guilt.

The lower the p-value, the higher the probability that an observation is *not* due to chance alone, i.e., the observed outcome *is* associated with the exposure, or lack thereof. In this instance, if we begin our inquiry with the only "null hypothesis" available, we would take Mr. V's word, i.e., "I'm worth the risks". But our agencies have categorically *refused* to count his victims. That's okay. The Control Group has counted Mr. V's victims. [17]

Only after conducting numerical comparisons (exposed vs. *true* scientific controls) can anyone evaluate the risks associated with exposure to vaccines. And only with these *numbers* in hand, can a "risk-to-benefit" ratio be evaluated. Such cannot be conducted merely with slogans that've already been *proven* false at the opening. This evaluation relies upon *numbers*. This portion of the "trial" is where the Control Group inquiry began:

> PROSECUTOR: "How many Americans have you injected with germs and immune system-altering adjuvants in your attempt to protect them from germs?"
>
> MR. V: "I'm proud to say, I've injected at least 99.74% of all Americans with germs and adjuvants. The government makes the children get injected. I'm safe though, because I only rarely maim or kill people with these injections. And if it weren't for me, more of them would be dead than the ones I've killed. You see, these germs are everywhere all of the time, and they're deadly. I protect people by injecting them with these germs and...Here's the deal; I'm an expert. You have to trust the experts and the science." [18]

---

[15] See full report on sample rates within age groups across geographic variables. NOTE: The sample rates for the population of interest here, far exceeds the sample rates typically seen in National health surveys commissioned by our public agencies. The confidence level on the interval reflects the accuracy one would expect with the robust sample, particularly with sampling from across 48 states.
[16] See full report for all details on exposure to vitamin K-shot, and/or maternal vaccines in the control group of post-birth unvaccinated and health outcomes. Sample rates remain the same for these smaller subsets, due to the fact each subset population of interest (with the specific exposures and non-exposures) is reduced by the percentage expressed in the values given, as a result of the findings herein. Or to put it another way, this dataset exposed the percentage of entirely unvaccinated (post-birth) population who have, or have not, been exposed to the K-shot or maternal vaccines.
[17] *Somebody* had to count them.
[18] The 99.74% vaccine-exposed "herd" is now *very* sick, heavily-drugged, and degrading at an *exponential* rate, both intellectually and physically. The trajectories for the diseases listed in the comparison charts show that

PROSECUTOR: "But have you ever *counted* the number of Americans your injections have maimed and killed?"

MR. V: "It's rare. Look at the VAERS numbers. It's right there. And I know this because I'm an expert. Haven't you seen my CV?"

PROSECUTOR: "We've already established that the VAERS numbers are *over* 99% *incorrect*. So again, where are the *numbers* you've characterized as rare?"

MR. V: "I'm too damned busy protecting people from deadly germs to bother with such *trivial* matters! How DARE YOU question me! You NUT! What are you, some sort of anti-science conspiracy theorist? Don't you *believe* in science? Where is your medical license? What would *you* know about any of this anyway? I already told you. I only *rarely* maim and kill the people I inject! And because it's rare, I'm safe."

PROSECUTOR: "So you have *not* counted the number of people you've maimed and killed? Is this the only branch of 'science' that *refuses* to rely on numbers and math?"

MR. V: "I'm an expert! And I'm telling you, my injections only *rarely* maim and kill people! And besides, if not for me, there wouldn't be anyone left to complain about what I do to them. You ignorant fool!"

PROSECUTOR: "Let the record reflect the defendant has answered 'no' to my question. He has *not* counted the number of Americans he has maimed and killed."

DEFENSE ATTORNEY "I object! My witness did *not* answer 'no' to that question. He clearly stated that he only *rarely* maims and kills people."

PROSECUTOR: "I did not ask if it was rare for him to maim and kill people. I asked if he had ever kept an accounting of the *number* of people he has maimed and killed."

A *GOOD* JUDGE: "The defendant has answered. He stated that he was too busy to count his victims and that he did not do so. The answer he gave was 'no'."

5. ***How accurate is this survey?***

The Control Group 2019/2020 survey produced a robust sample rate for the population of interest, far exceeding the sample rates relied upon in most national survey studies

---

this Nation has very few years left before collapse. (See full National Security Report and supporting graphs.) If this trend is not reversed within the next two years, this Nation may well face collapse by 2025, under the weight of massive work-force losses, exploding healthcare and related costs, continued plummeting birth rates, and loss of intellectual capacity. The democrat-planned illegal immigrant "replacement" population (who are expected to vote more treasonous CCP/Marxist loyalists into positions of power) will only *accelerate* the downfall of our Nation. And any new population would likewise swiftly become as ill as the one they were replacing in any case. If the Pharmaceutical Industry remains in control of public health policy in the USA and its territories, there is literally no hope for the future of America.

commissioned by our public health agencies. [19] The larger the sample, the higher the level of accuracy it is expected to produce. The method for evaluating the number that will need to be surveyed in order to produce a particular level of confidence that a margin of error ("MOE") will likely not be exceeded, is to value the total population of interest against the sample that will be surveyed. [20] Based *solely* upon the sample rate of the finite population of interest, this survey produced a 99% confidence level that the MOE would not exceed 3.34%. The sample mean here, is based upon the percentage of those surveyed who reported at least 1 condition, at 5.97%. [21] With this simple calculation, the Control Group survey produced a 99% confidence level that the sample mean of 5.97% could vary by 0.199398%, (i.e., 3.34% *of* 5.97%) which is a MOE between 5.78% & 6.17%. [22]

6. ***'Expected' Reliability vs. the <u>Actual Dataset</u>***

However, standing *alone*, the method described above is merely an estimate of *expected* accuracy. [23] Once a dataset has been compiled, it can then be analyzed to determine the extent to which confounders or errors have impacted that dataset. [24] [25] For the Control Group this calculation produced a 99% confidence level that the population of interest has an interval value between (5.953 – 5.987), or (±0.3%) from the sample mean.[26] That is to say, this survey produced a 99% confidence that the sample mean (for those surveyed who reported at least 1 condition) likely represents the unvaccinated population (post-birth) between the values of 5.95 & 5.99. [27] [28] [29] This outcome demonstrates the risk values delineated in the comparison graphs are an *extremely* close representation of what would be found if 100% of the unvaccinated population were surveyed. [30]

7. ***How do the P-values in the Comparison Graphs Work?***

The p-values (probability values) for the Control Group comparison-graphs are long, and can be expressed in exponents. For instance, in the graph showing the Comparisons for Chronic Conditions in Children under 18 years, the p-value is "1.18E - 83". In a full expression, the odds against this difference in health outcomes between these two groups, *if vaccines are <u>not</u> the cause of these excess conditions*, are 1 in: 84,721,527,559,728,800,000,

---

[19] See full report for breakdown of sample rates for CA, NY, the additional 46 states, and for all age groups and subsets, as compared to typical taxpayer-funded research.

[20] MOE with Finite Population Correction Factor = (z-score)sqrt[p(1 − p)/n] × sqrt[(N − n)/(N − 1)] Where: N = population, n = sample size, p = 0.5 (normal distribution) 3.34% - 99% – Z-Score = 2.576

[21] This sample mean value is based upon all those surveyed who reported at least 1 condition and includes those with exposure to the K-shot and/or maternal vaccines. For those under 18 years with no exposures, the total value for those reported with at least one condition is 2.25%.

[22] See the Full Report for survey-sample valuations.

[23] "Accuracy" being the degree to which the survey is assumed to represent the population not surveyed.

[24] Sample Standard Deviation is 0.2568.

[25] The sample standard deviation is calculated as $s=\sqrt{\sigma^2}$, where: $\sigma^2 = (1/(n-1))* \sum^{n}_{i=1}(x_i-\mu)^2$, μ is the sample mean, n is the sample size and $x_1,\ldots,x_n$ are the n sample observations.

[26] Sample mean is based upon the percentage of those reporting at least 1 condition in all age groups.

[27] Rounded.

[28] With 99% confidence the population mean is between 5.95 and 5.99, based on 1482 samples. Margin of Error: 0.0169 (to more digits: 0.01689)

[29] The following formula was used for the confidence interval, ci: $ci = \mu \pm Z_{\alpha/2}*(s/\sqrt{n})*\sqrt{FPC}$

[30] The substantial sample rate and broad geographic coverage of the survey sample, across 48 states, are obvious factors contributing to a low standard deviation and stunningly slim margin of error for this dataset.

000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,
000,000 (Over 84 "Sexvigintillion"). Expressed as a percentage of probability vaccines are not responsible for the observed difference in health outcomes, it is: p=0.000000000000
0000000000000000000000000000000000000000000000000000000000000000000000000011
803375467882155251627389454170748 61%. This p-value, and the odds values, speak for themselves. And back to the trial:

> PROSECUTOR: "The Harvard-Pilgrim study of the VAERS found that it is extremely common for Mr. V to injure people. And the unrefuted evidence proves there's only a 1 in 84,721,527,559,728,800,000,000,000,000,000,000,000,000,000,000,000,000, 000,000,000,000,000,000,000,000,000,000,000 chance Mr. V is *not* responsible for the excess health injuries and deaths observed in the children he's injected. We've already evidenced his financial motivation, which is in the billions of dollars, and he admits to being at the scene of these crimes. Given that he's never *once* bothered to count his victims, his assertion he only 'rarely' hurts people is preposterous. But there *are* two things we've proven can *truthfully* be described as rare; (1) illnesses, disabilities, and birth defects are rare *in people who've completely avoided Mr. V*, and (2) it's extremely rare for the VAERS to report it when Mr. V hurts people.

Mr. V has no numbers, but he does have *patently false slogans*, which he oddly keeps referring to as "science" from the "experts". The prosecution has presented evidence of the *observed* data, the numbers, and the math. And now, the jury deliberates……

8. ***"Comorbidity" means your <u>life</u> has been shortened. <u>He commonly kills people</u>.***
Most of the conditions *commonly* found in the 99.74% vaccinated population are considered "co-*<u>morbidities</u>*". [31] Once you're afflicted, it is *understood* you're at higher risk of a health-related *<u>death</u>* than those who are free of these conditions. So now we finally have numbers to characterize with *<u>our own</u>* adjectives and slogans. Mr. V "commonly" kills people. But most of the people he kills, suffer for a while before they succumb. His only alibi is that most of the injuries he causes are not diagnosable *immediately after* injection.

9. ***What do we compare the P-values or odds to?*** [32]
Depending upon the field of investigation, there is typically a pre-established threshold for rejecting an existing assumption or "HO" (the 'presumption of innocence') before claiming that A is implicated in B. Values between p=0.05 and p=0.01 are considered scientifically "significant", i.e., indicating strong evidence against the null-hypothesis, (or strong

---

[31] Morbid (adj.) – Etymology Online Definition: 1650s, "of the nature of a disease, indicative of a disease," from Latin *morbidus* "diseased," from *morbus* [ ] - according to de Vaan perhaps connected to the root of *mori* "to die," as "looking like death" (from PIE root ***mer-** "to rub away, harm," also "to die" and forming words referring to death and to beings subject to death), or from a non-IE word. Meaning "diseased, sickly" is from 1731. Transferred use, of mental states, "unwholesome, excessive, unreasonable" is by 1834. Related: *Morbidly*; *morbidness*. Middle English had *morbous* "diseased" (early 15c.), from Latin *morbosus*. AT: https://www.etymonline.com/word/morbid

[32] Scientists use p-values to test the likelihood of hypotheses. In an experiment comparing phenomenon A to phenomenon B, researchers construct two hypotheses: that "A and B are not correlated," which is known as the null hypothesis, and that "A and B are correlated," which is known as the research hypothesis.

evidence against innocence) as 0.05 translates to a 5% probability the null (HO) is correct, meaning that there's only a 5% probability the observed results are a "coincidence".

At this significance level, (p-value 0.05) our FDA would reject the null hypothesis and accept the alternative, or "research hypothesis", *unless* of course, that particular research proved that *vaccines* are responsible for harm. In which case, the entire Pharma-Leviathan system, with all of its tentacles in our agencies, the media, big-tech, medical licensing boards, medical journals, etc., would *instantly* activate to silence the researcher while desperately destroying and/or corrupting the evidence he'd produced or examined, *including* the unexposed "controls", which is the *only* relevant scientific evidence left to us.

10. ***The P-values from the Control Group dataset comparisons exponentially surpass the most stringent standards of scientific proof relied upon in any scientific field today.*** In medical science, p-values of 0.05 are generally considered enough to make the case that the research has proven its point, i.e., that a drug is "effective" or, if applied to prove a negative relationship, that a drug is "safe". The lower this value, for instance, a p-value of 0.005, the stronger the evidence. *Murder convictions* obtained with forensic evidence are more than possible with odds of 1 in 100,000 against innocence.[33] There is no reason the standard of proof required to prevent mass-casualties should be *more* rigorous than is required to sentence a person to death for murder. But even if that standard must be *exponentially* higher, that's okay. The Control Group data has surpassed *any* identifiable standard of statistical proof in existence today *by a wide margin*.

11. ***"What's the highest p-value "threshold" standard of proof in use today?*** CERN, the largest particle physics lab in the world, relies upon a threshold for "evidence of a particle," of p = 0.003, with the standard for "discovery" at p = 0.0000003 to prove the existence of invisible particles. [34] [35] *Please*, compare these values to the p-values evidenced by the Control Group study. Also compare CERN's threshold standard of proof to the p-value of 0.05, which is considered adequate for the FDA to approve a new vaccine that will be marketed as both "effective" and "safe" in the USA. And this FDA approval comes with *full knowledge* that the foundation upon which pharma-researchers engineer their vaccine

[33] See: REPORT TO THE PRESIDENT Forensic Science in Criminal Courts: Ensuring Scientific Validity of Feature-Comparison Methods – September 2016, Executive Office of the President President's Council of Advisors on Science and Technology - At: https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/PCAST/pcast_forensic_science_report_final.pdf

[34] In this context, an "invisible" or "theoretical" particle is one that requires billions of dollars-worth of equipment before one can *attempt* to begin any serious investigation into whether it exists. ***The Role of Statistics in Discovery of the Higgs Boson Particle*** – Statistics Section, Imperial college of London – David van Dyk - At: https://wwwf.imperial.ac.uk/~dvandyk/Research/14-reviews-higgs.pdf

[35] "5-Sigma What's That?" Scientific America - https://blogs.scientificamerican.com/observations/five-sigmawhats-that/ Also see: ***Statistical Inference/Reasoning*** - AEC-LHEP University at Bern – July, 19th, 2019 – At: https://indico.cern.ch/event/508168/contributions/2028747/attachments/1307803/1962991/Statistical-Reasoning-HASCO16.pdf

studies is the *wholesale rejection* of the most fundamental scientific method, i.e., they don't use truly *unexposed* "control" subjects for outcome comparisons. [36] [37]

At CERN, it is assumed that high-energy physics requires much lower p-values (higher standard or proof) than in medicine, where *only* human lives are at stake. Again, the Control Group dataset provides an *exponentially higher* standard of proof than CERN requires to prove the existence of theoretical particles. Additionally, the Control Group produced an extremely reliable dataset exposing the numerical risk values on already *observed* data. A 48% rate of heart disease is an *observed* outcome in the 99.74% vaccine-exposed population. These health outcomes are not theoretical. Nor are those in the unvaccinated population.

In sum, the Control Group p-values *far* exceed the threshold standards of proof relied upon by: (1) the FDA for drug approvals; (2) forensics used to convict people of murder, and *even*; (3) CERN's standards for proving the existence of theoretical particles.

12. ***How should the risk-value comparison graphs be interpreted***?
The National published disease rates are the most accurate numerical barometers available for numerically quantifying the health outcomes observed in the 99.74% vaccine-exposed "herd", no matter the varying levels of vaccine exposure within this population. These risk-value percentages speak for themselves. Obviously, the higher one's level of exposure to an "unavoidably unsafe" class of product, the higher the risk for that individual.

13. ***What about the conditions showing a "0%" risk in the unvaccinated?***
Diabetes is currently at close to 10% *in our 99.74% vaccine-exposed population*.[38] In many instances, such as with diabetes, this survey produced zero reports of that particular

---

[36] ***When the Alpha is the Omega:* P-*Values, "Substantial Evidence," and the 0.05 Standard at FDA*** - Food Drug Law J. Author manuscript; available in PMC 2018 Oct 3. Published in final edited form as: Food Drug Law J. 2017; 72(4): 595–635. PMCID: PMC6169785 - NIHMSID: NIHMS987338 - PMID: 30294197 AT: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6169785/

[37] Vaccine "safety" testing is conducted with "control" subjects who are exposed to biologically-active "placebos", including other vaccines, and/or aluminum adjuvants. These *exposed* subjects are then fraudulently referred to as "controls". Only the differences *between* the "treated" and the fake "controls" are attributed to the new vaccine being tested for approval. Therefore, if 100 subjects are split 50/50, and 4 subjects from each group of 50 dies, *none* of the deaths will be attributed to the new vaccine being tested and it will be declared "safe". This routine industry-con supplements the "placebo" with biologically-active ingredients that are *known* to be at least as dangerous as the ingredients in the new vaccine being tested. Yes, this is how it's done. And in the USA, it's all "legal", no matter how criminal the behavior. This state of affairs came about with Pharma outright purchasing the votes of our treasonous legislators who pass the laws which govern their industry. See the list of "excipients" that FDA considers to be "inactive" and that can be injected into "controls" at: https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/b/excipient-table-2.pdf

[38] "Type 1 diabetes is an autoimmune disease. The pancreas can't make insulin because the immune system attacks it and destroys the cells that produce insulin. Kids and teens with type 1 diabetes are at risk for other autoimmune problems, but these aren't actually *caused* by the diabetes." https://kidshealth.org/en/parents/other-diseases.html Although the cohort age-group for diabetes was limited to those surveyed who were 18 and older, there were exactly zero reports of diabetes *at any age* in the unvaccinated surveyed.

condition. This "0.0%" is *not* intended to imply there is absolutely *zero* risk of diabetes (or other condition for which there were zero reports) in the entirely unvaccinated population. Nor is it intended to imply vaccines are the *only* possible cause of diabetes. Rather, it exposes the fact that the *rate* of diabetes in the *unexposed* controls is infinitesimal, i.e., the risk value is so close to 0%, that it was too low to have been picked up, even in this robust sample. The obvious conclusion is that, *had* we surveyed 100% of the unvaccinated, the percentage of unvaccinated people with diabetes would likely fall *well below* 0.10%. The p-values expose the odds of surveying the number of unvaccinated surveyed *without* diabetes in a Nation where 10% are suffering diabetes, (or other condition where there were zero reports) if vaccines are *not* causing this condition.[39] [40]

14. ***Marketing Slogans***

The standard vaccine marketing-slogans, i.e., "safe" which is sloppily propped up by "worth the risks", remain *numerically* unsubstantiated by our health authorities who constantly promote vaccines with these slogans.[41] The "worth the *risk*" slogan *contradicts* the dictionary definition of the word "safe". [42] Known-frauds are incapable of supplying a foundational premise, or "null hypothesis" for any subject of investigation, and would be an extremely unsound scientific approach. The 2011 Harvard-Pilgrim study of VAERS confirmed that immediate vaccine side-effects, (including hospitalization) are *common*. Unlike the VAERS study however, the Control Group study captured health data on *long-term* health outcomes associated with a *lack* of vaccine exposure, which made it possible to numerically quantify the increased risk in those with exposure. "*Extremely* common", is the appropriate characterization for the frequency of harms caused by vaccines. [43]

When the risks are expressed *numerically*, rather than with outrageously false slogans, it alters one's perception of the "worth it" slogan. When facing a 60% chance of chronic health problems, including a 48% risk of heart disease and a host of other disabling and deadly conditions after the age of 18, as one's *personal* 'sacrifice' for the purported 'common-good' of vaccination, one would likely prefer the *modern* risks of measles and

---

[39] Think of some of these p-values as expressing better odds you, your entire family, and everyone you know, would *all* win the jackpot-super-lottery *tomorrow,* than the possibility vaccines are *not* the primary cause of the disparity in health outcomes between these exposure groups.

[40] Although the cohort age-group for diabetes was limited to those surveyed who were 18 and older, there were exactly zero reports of diabetes at any age in the unvaccinated surveyed.

[41] Subjective characterizations, no matter how "expertly" given, are not mathematical and do not qualify as evidence of anything. They are mere opinions. "Unsubstantiated numerically" means that the overall risks of vaccination had not, previous to this research, been calculated as between the exposed vs. unexposed (true controls) in any Nationwide data-base.

[42] "SAFE"- Adjective- Free from harm or risk: **UNHURT** – secure from threat of danger, harm, or loss - *Merriam-Webster- (Emphasis added.)* *https://www.merriam-webster.com/dictionary/safe#:~:text=Definition%20of%20safe%20%28Entry%201%20of%202%29%201,secure%20from%20threat%20of%20danger%2C%20harm%2C%20or%20loss*

[43] It is known that chronic conditions lower survival-rates. In other words, the increase in chronic conditions are not "mild" or acceptable side-effects. They are *deadly* side-effects. See: ***Multiple Chronic Conditions and Life Expectancy*** – American Public Health Association - The Official Journal of the Medical Care Section - At: https://journals.lww.com/lww-medicalcare/Abstract/2014/08000/Multiple_Chronic_Conditions_and_Life_Expectancy__A.3.aspx#:~:text=Life%20expectancy%20decreases%20with%20each,and%2017.6%20fewer%20years%2C%20respectively.

many other common temporary infections. Fraudulent slogans are the only effective method of obtaining voluntary compliance with the dictates of Pharma.[44]

Mr. V, our so-called "protector", seriously injures *most* Americans he injects. Even though most of these injuries are not apparent *immediately after* injection, the accounting exposes the fact Mr. V *often* slaughters the people he claims to be protecting. The prevalence of permanently-debilitating and deadly chronic health conditions (known to severely *lower* survival rates) suffered by the vaccinated "herd" is now poised to collapse our National economy in just a few short years. This *outcome* does not protect "public health". It represents the most serious *threat* our Nation and its people have ever faced.

And the only defense Mr. V can come up with is; "Even though I've never bothered to *count* my victims, you must trust me. I'm the expert. Sure I kill 'some' people. It's unavoidable. But trust my 'science' on the risks, which is comprised of *nothing more* than my 'expert opinion' that it's 'rare' for me to injure and kill people." [45] [46]

When compared to the National statistics, the data supplied by the Control Group establish a numerical value from which *to* evaluate the risk-to-benefit ratio.[47] Since Mr. V can't be bothered, we counted his victims for him. Again, only after *the price* is known, can one determine whether it's "worth it".

15. ***Risks with Exposure to K-shot and/or Maternal Vaccines***

The addition of the K-shot inquiry in the survey allowed for numerical valuations of the risks associated with exposure to a powerful immune system-altering vaccine adjuvant, i.e., aluminum, that's included in this "vitamin" injection. The maternal vaccine exposure question was also asked for obvious reasons. Vaccines had never before been evaluated/tested/studied directly against *true* controls for their potential to effect the

[44] And when the fraudulent slogans begin to fail, pharma bribes legislators to mandate their products.

[45] Multiple chronic health conditions are *understood* to produce severely reduced survival rates, this is why they are referred to as "co-***morbidities***". See the full report for deaths/survival rates as applied.

[46] The NVIC states: "Vaccination is a medical procedure which carries a risk of injury or death. As a parent, it is your responsibility to become educated about the benefits and risks of vaccines in order to make the most informed, responsible vaccination decisions." This was clearly written before passage of myriad new laws, regulations, and policies, which removed the "decision" from the parents and their doctors, (and even from many adults) as our legislators treasonously began authorizing vaccine-makers to choose for us. Regardless, the NVIC's instructions regarding "risks and benefits" is *impossible* to follow without the risk-values expressed in *numbers*. After these parents are told they're "crazy" if they don't "trust the science", (the lie that vaccines are "safe") and their child is injured, they show up at this court to be told it's *their* fault, because it was their "responsibility to become educated" before "deciding" to have their child vaccinated in this Nation where the choice generally *no longer belongs to the parents*. The victim is blamed.

[47] Vaccine inserts generally come with instructive warnings for the prescribing physician, urging them to "carefully evaluate the risk-to-benefit ratio" *before* injecting their patient. However, this instruction has never *once* been followed by anyone, not ever. This instruction *could not have been* followed, because a "ratio" is a term of *math*. It requires *numbers* on both sides of an *equation*. The term "rare" (in reference to vaccine side-effects) is not a *number* from which a "ratio" can be established. Subjective adjectives cannot replace *numbers* in an equation. Attempting to replace numbers with outright false claims, bolstered only by "expert opinions" but zero data, is the *antithesis* of the scientific method, no matter how many PHDs are hired to supply a facade of validity to these mere slogans.

health outcomes of *unborn children*. If other such studies do exist, they are currently being concealed from public view. Likewise, prior to the Control Group study, no studies had been conducted to compare long-term health outcomes between those with exposure to the K-shot vs. *true* controls, i.e., those with zero exposure to the K-shots *or* vaccines.

16. ***Why don't the percentages in the subsets add up to the total 'control' risk value?***
The total risk values expressed within the unvaccinated (post-birth) population includes those who *have* been exposed to the k-shot and/or maternal vaccines. However, the risk values specifically found within the k-shot & maternal vaccine exposure groups (subsets) are according to the risk-values *within* the particular exposure-group. Therefore, the subset risk values will not add up to the risk value for the *total* surveyed. [48]

17. ***What about birth defects and maternal vaccines?*** [49] [50]
According to the CDC, the National average risk that an American will be born with one or more birth defects is a little over 3%. The CDC *also* reports that in 2018 approximately 50% of all pregnant women in the USA were exposed to the TDAP vaccine. Of note, is that this is the first study to collect health data on a group carrying a 100% rate of exposure to maternal vaccines for comparison against true controls. The Control Group dataset found a *6.12%* risk of birth defects within the group reporting a 100% rate of exposure to maternal vaccines. This is *twice* the National average risk of being born with birth defects.

The birth defects reported in this smaller subset (100% rate of maternal vaccine exposure) include microcephaly and other forms of brain and nervous system disorders, major organ duplication, and other serious and/or disabling problems. If not for the approximately 50% of mothers who *still* resist the heavy pressures to submit to vaccines during pregnancy, the national average birth-defect rate in the USA would likely be well over 6% at this time.

Due to the stratification of this subset group, this study was also able to calculate the natural "background noise" risk of birth defects in those with *zero* exposure to maternal vaccines, i.e., what is the risk of birth defects from *all other* possible causes? The risk of birth defects for those with zero exposure to maternal vaccination came it at 0.29%. [51] Exposure to maternal vaccines, *standing alone*, increased the risk of birth defects by 2,010%, i.e., from 0.29% to 6.12%. [52]

---

[48] The group with exposure to the K-shot and/or maternal vaccines is smaller, and the risks *within* this group are higher. For a full understanding of the risk values calculated for the different exposure groups, please see the full report.
[49] The graphs do not expose the risk factors within those with a 100% rate of exposure to maternal vaccines. Some information on this particular group is given here because the results were startling and of extremely urgent concern.
[50] For further detail on maternal vaccine exposures and birth defects, please see the full report.
[51] This 0.29% includes those who were injected with the K-shot at birth, some of which were sent home with "problems" the parents were informed were "genetic". Further stratification on this issue can bring additional clarity.
[52] When including the other less severe birth defects (in the group with 100% maternal vaccine exposure) this number is higher. For example, many exposed babies were reported "born" with severe skin conditions such as eczema, and other conditions, milder than microcephaly and major organ deformities. Only the more

Look at that again: *Within the group who reported a 100% rate of exposure to maternal vaccines, the risk of producing a baby with birth defects is twice the national average in a Nation where the CDC reports approximately 50% all pregnancies are vaccinated.*

18. "***Hard Science" is one of looking back at reality…***
This is a retrospective observational epidemiological study of exposures and observed health *outcomes*. This research effort examined what has *already happened* to these populations, and *what* they were exposed to prior to those outcomes. No crystal-ball estimates or projections are relied upon in this study. This is a critical historical *accounting* that our public health agencies have *refused* to conduct, no matter how crucial, urgent, or *obvious* the need to do so has been. The Control Group data fills this gaping vacuum, i.e., this complete lack of accounting on the "risk" side of the risk/benefit ratio. These observations are of *tangible* scientific value, far exceeding the value of any "expert" slogans.

19. ***What are my risks?***
With an extremely high level of accuracy, this study established risk factors associated with vaccine exposure for the most common maladies Americans are *now* suffering. Obviously, the more often you inject "unavoidably unsafe" drugs, the higher your personal risk. For any one vaccine-exposed individual, the risks may be substantially higher, or lower, than what is expressed in the comparison graphs, depending upon that person's current status, the specific injections taken, and/or how many exposures an individual has already had, i.e., their personal level of *cumulative* risk.

20. ***What does all of this mean?***
Any rational person should be able to determine what these numbers mean to them. But then, there is the oft-repeated argument that the only reason anyone is still "alive" to enjoy all of these fabulous vaccine side-effects is "cuz vaccines saved so many lives". However, vaccines come with the very real risk of *immediate* death and these other wonderful "side-effects" *frequently* lead to agonizing and ultimately *fatal* conditions. And for many, these delightful 'little side-effects' are a fate *worse* than death. [53] [54]

The system our Nation relies upon for vaccine "safety" numbers, the Vaccine Adverse Reporting System ("VAERS") fails *over* 99% of the time, to count even the injuries that occur *shortly after* vaccination. And there's no government system even *pretending* to count the long-term health injuries and consequent deaths. The VAERS exists to launder the injuries and deaths *so that* the money made off of them doesn't need to be laundered.

21. ***"Aren't the unvaccinated healthier because the vaccinated herd protects them?"***
No. There is *zero* evidence the vaccinated herd protects unvaccinated people from brain damage, heart disease, diabetes, asthma, *or anything else*. The vaccinated herd "asymptomatically" sheds, i.e., *spreads* the very same infectious agents they've been

severe and obvious "birth defects" (and/or deformities) were included in the classification and calculation of birth defects within this subset group who had a 100% rate of pregnancy vaccine exposure.
[53] See: https://www.childtrends.org/indicators/infant-child-and-teen-mortality
[54] The public at large did not *request* this so-called "protection". Our legislators were bribed to *force* it on us.

injected with. Pharma argues that the unvaccinated population has a higher rate of expressing symptoms of infection with "vaccine-preventable" agents than the vaccinated herd. But the unvaccinated population has *far superior* health outcomes and a far better chance of *survival* than the vaccine-exposed population. The argument that preventing (or preventing the outward expression of) these particular infections through vaccination improves health outcomes *or survival rates*, is an argument without ***any*** evidence. The evidence *severely* contradicts the argument. This worn-out pharma argument belongs in the trash-bin with the rest of their fraudulent slogans, like "safe".

Again, unvaccinated people have higher rates of contracting (expressing symptoms) of vaccine-preventable infections than the vaccinated herd. However, it's the *vaccinated* herd that's the most injured, i.e., mentally and physically debilitated, sickly, *and dying*. The *unvaccinated* population is the healthiest with the best chance of *survival.*

22. ***Questions we need to ask:***

1. Why is it that the infectious diseases which are *never* actually "eradicated" are primarily the ones for which there is a steady supply of *profitable* vaccines?
2. Why do infectious agents, for which no marketable vaccine is ever developed, seemingly tend to disappear on their own, never to return, unless or until a population's access to nutrition, and/or clean water and sanitation is effected? [55]
3. Is there any evidence that cultivating mass quantities of intentionally-mutated, cross-species infectious agents for mass injections reduces the number of infectious agents the public will come in contact with and/or *become vulnerable to*? [56]

CONCLUSION [57]

The unsubstantiated "rare" slogan is not based upon a dataset, i.e., *numbers*. Its purpose is to defraud the public out of their health and even their very lives, while *also* draining wallets on the expensive drugs that will surely come later, when the victims get *very* sick. [58]

When induced into playing this sacrificial game of Russian roulette for the purported "collective good", Americans have the absolute right to know *how many* chambers are loaded. This *true* 'Control Group' study was conducted to fill this critical scientific void, i.e., to provide the *numbers* our agencies so actively resist the counting of. Surely this accounting will bring immediate allegations that this researcher is "anti-science" for not trusting pharma's "safety science" which is premised solely upon a complete ***lack*** of accounting. Refusal to count their victims is Pharma's ***only*** "scientific" evidence to support their 'rare' slogan, i.e., this lack of *any attempt to count them*, is what's used to support their rare slogan. Wearing a blindfold during the act is not 'evidence' of innocence.

---

[55] This is of course, *unless* there is a bioweapons lab in the vicinity of the population.

[56] The CDC reports that 94% of those who died "from CV-19" were already suffering an average of 2.6 comorbidities, i.e., existing health conditions. See: https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities

[57] The Full Report is an exhaustive examination of the Control Group study, with complete details on the dataset, survey methods, modelling, sampling, equations, etc. Both the Full Report and the identity-redacted raw data, survey exemplars, and all other materials are available at www.TheControlGroup.org

[58] Obviously, a healthy population is a very bad business model for the pharma/medical industry.

Fraud in inducement is a crime. And discrimination based *solely* upon vaccination status, i.e., denying equal rights and privileges, is an even more sinister crime, engineered to confine those who distrust pharma's offerings to an 'unvaccinated *ghetto*'. Codified discrimination is the means by which Pharma extorts compliance with their dictates. Continuing down this path will most *assuredly* end this once-free Republic, and the trajectories of increasing disease and disability indicate this end is now perilously close.

At this time, the UN loudly complains the population isn't dropping fast enough to suit their urgent "sustainable development" goals. [59] [60] The UN's subsidiaries, (WHO, UNIFEC, etc.) are heavily involved in vaccine distribution globally. It's an interesting set of contradicting objectives and activities for *one* organization.

There is no way to personally remain safe *without* taking action to protect the rest of humanity from Mr. V. Those who seek to reduce the population to "save the planet" (which not everyone agrees is required) already know, and history has *already* born out, that this is achieved whenever the super-powerful lift their boots off the people and allow them to *prosper*. Prosperity has *always* led to a sharp decline in the birth rate. It's the poor who never believe they have enough progeny.

This deceptive torment (Mr. V's agenda) is the *chosen* method of "saving the planet" *only* because the alternative would require a loss of established power and control. All who participate in this agenda *in any way* are culpable and will ultimately find *themselves* subjected to the very same hell they participated in the creation of. In fact, once it appears they've "done enough work" they'll suddenly find *they* are the primary targets, and there will be no one left to protect them. Surely, no one would want to in any case.[61]

Vaccine injury is not rare. 'Rare' is the *last* word any reasonable person would find fitting. But there are some *very* salty adjectives rational people would find perfectly appropriate.

Godspeed,

Joy Garner, founder of The Control Group [62]

---

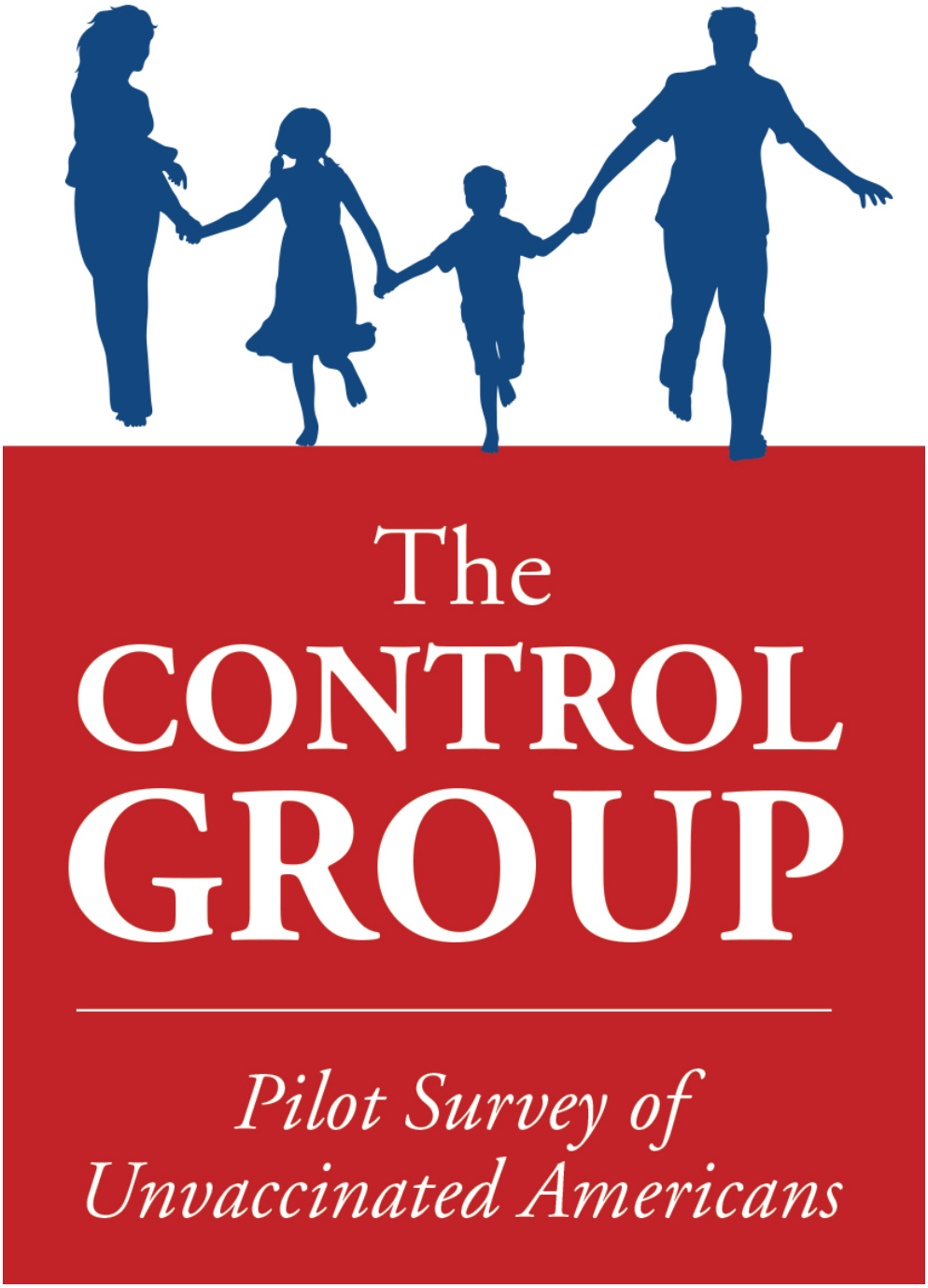
[59] https://www.un.org/sustainabledevelopment/blog/2019/03/un-to-spotlight-linkages-between-population-and-efforts-to-achieve-sustainable-development-goals/#:~:text=The%20full%20implementation%20of%20the,around%209.7%20billion%20in%202050

[60] "The full implementation of the 'Programme of Action' (full implementation of depopulation methods under the "Healthy People 2020" action plan) is critical for achieving the 2030 Agenda for Sustainable Development." **Fifty-second session of the United Nations Commission on Population and Development New York, 1-5 April 2019** – The UN's "Healthy People 2020" agenda, now being fully-implemented in the USA, demands, under their "Standing Orders" that ALL Americans, including pregnant women, be fully vaccinated with all available vaccines. Their goal was to have this completed by 2020. See: https://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/vaccination-programs-standing-orders

[61] There's now a growing demand that *all* doctors, medical staff & pharmacist be *1st in line* for mandated CV-19 injections. But Pharma's retail distributors needn't worry. The 'experts' say vaccine injuries are "rare";-)

[62] Please see the Full Report for the Author's disclaimer, disclosure of interests, and all personal motivations.

Exhibit C



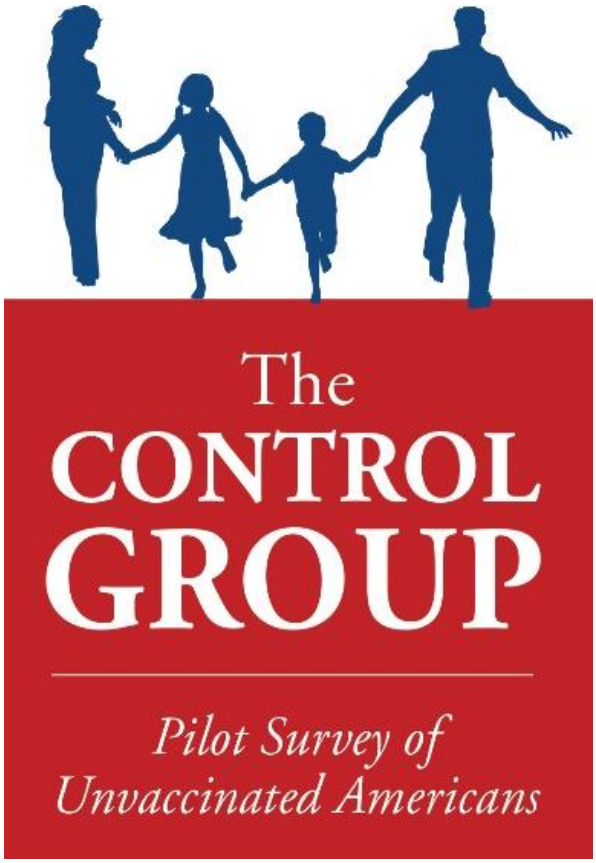
STATISTICAL EVALUATION OF HEALTH OUTCOMES IN THE UNVACCINATED
Full Report

By: Joy Garner
November 30th, 2020
The Control Group Pilot Study
TheControlGroup.org

Exhibit C

THE CONTROL GROUP

STATISTICAL EVALUATION OF HEALTH OUTCOMES IN THE UNVACCINATED



STATISTICAL EVALUATION OF HEALTH OUTCOMES IN THE UNVACCINATED
Full Report

By: Joy Garner
November 30th, 2020
The Control Group Pilot Study
TheControlGroup.org

INTRODUCTION

1. **The Crisis Must Be Addressed**

When 60% of a Nation's adult population is suffering chronic conditions, 48% of them have some form of heart disease, 10% have diabetes, etc., it's imperative to *immediately* address the situation, and to do so honestly, without regard to monetary or political interests. It's *long past* time to actually *apply* the scientific method, which requires true controls, actual numbers, and math. Numbers that are over 99% *incorrect*, (as are produced by the Vaccine Adverse Event Reporting System, "VAERS") which are used to support subjective adjectives, slogans, and "expert opinions", do not qualify as a form of "science" that *anyone* should trust.

2. **The Scientific Method**

When in doubt, we must go back to the instruction manual. And this manual instructs us to *actually apply* the true scientific method to the problem if we wish to arrive at the correct answers. Because science has been so fully corrupted of late, people lose faith in science. But the scientific method is not to blame. It's *still* the logical method for arriving at objective truths. The *corruption* of science is what has caused the problem. When 99% *incorrect* numbers are the basis for the math problem, (as seen in the VAERS data) there is no chance of arriving at a correct answer, unless of course, it's in the context of "Common Core" mathematics. In which case, *any* answer can be correct, so long as the student *obeys* the illogical instructions they're ordered to follow. If they follow *the irrational orders* correctly, the incorrect answer becomes acceptable. Even with the correct answer, if the orders were not followed, the correct answer is deemed incorrect. Hence, the objective truth is irrelevant and the only thing that matters, is the willingness of the student to blindly follow orders, no matter how irrational those orders are. In the end, the only "correct answer" is to follow orders.

Common Core math is similar to the so-called "science" of vaccine safety. The slogans, i.e., "rare" or (*relatively*) "safe", are supported *only* by numbers that are over 99% *incorrect*. And this is the "science" we're told we must blindly "trust". No matter how irrational the orders, we must follow them and get our "shots", in order to avoid being attacked as "anti-science" nut jobs. But that's okay. Nobody needs to be an MD to count the *number* of the diagnoses doctors have *already* given. Nor does one require a medical degree to obtain historical data relevant to vaccination exposures which *people are keenly aware of in their own lives* and perfectly capable of reporting. The numbers our agencies have categorically *refused* to count, were counted anyway. And the researcher here is quite certain these agencies will be furious this accounting was done without their "approval", which they would never have granted to anyone, given that this particular accounting exposes the numerically objective truth about the relative "safety" of vaccine exposure.

3. **Overview of Objectives & Methods** [1]

The survey was implemented in April of 2019 ending in June of 2020, with the immediate goal of obtaining raw health data exclusively from entirely unvaccinated subjects of all ages in as many American states as possible. The ultimate goal of this study, and that of a planned larger-scale follow-up study of similar construct, is to fill a major gap in available health data by establishing health outcomes specific to Americans who have not been exposed to vaccines. Data was also gathered to establish health outcomes associated with avoidance of the vitamin K-shot at birth and/or vaccination during pregnancy, in addition to complete avoidance of post-birth vaccination. This population of interest, i.e., the remaining entirely unvaccinated (post-birth) in all ages combined, is calculated at 0.26% (or less) of the entire population in the USA. [2]

Three methods of data collection were employed; (1) mailed-in surveys (2) on-site, in-person interviews, and (3) follow-up phone interviews. These methods are similar to those

[1] "Whenever you can, count." ***Sir Francis Galton***

[2] Calculation data and methods are detailed later in this report.

implemented in the National Survey of Children's Health (NSCH) 2017-2018. However, the Control Group survey, covering 48 American states, achieved a substantially higher sampling rate for our population of interest (entirely unvaccinated post-birth) who fell within the ages of 3-17, than did the NSCH study for its population of interest.[3]

The reporting parties in the Control group survey, mostly parents, filled out surveys in which they were prompted to report all current and historical health, mental, or other conditions, including any health-related deaths in any unvaccinated members of their families. All entirely unvaccinated parties, in all ages, were encouraged to participate, whether or not they also had any unvaccinated children to report for, or whether they had other children with exposure (post-birth) who they would not be reporting for. A complete lack of vaccination (post birth) was the only qualifier for survey participation.

The data herein, relied primarily upon hardcopy original surveys completed in ink in the participant's own handwriting with post-marked envelopes, verifying the location from which they were mailed and the date they were mailed, with the minority of surveys conducted by on-site, in-person interviews, as well as follow-up interviews by phone or email. Another primary difference between the Control Group data collection methods and the NSCH study, is that the NSCH also relied upon electronic surveys without original hardcopy paper.

In both studies, the reporting parties reported their personal observations and medical diagnoses. However, the NSCH did not analyze information on vaccine or K-shot exposures, and/or other related pharmaceutical for purposes of comparing health outcomes in those with, or without exposure. To whatever extent data on pharmaceutical exposures were noted, none of the data was analyzed in any way that might help determine whether those were increasing health problems. Having already gained access to medical information, the NSCH had no interest in identifying, or quantifying some of the most obvious biological exposures that might be *causing* or contributing to health problems in children, such as those health conditions that are known to be associated with vaccine exposures. These items were blatantly avoided in the NSCH study. It is more than disturbing to see so little concern for identifying what's hurting all of these children. Without this information the research can't result in any *improvements*. We already knew our children were suffering in great numbers. Identifying *causes* would have been a worthy research effort, adding very little time or cost to the study.

---

[3] The total US sample/fraction rate (for the population of interest *between the ages of 3-17*) for the NSCH study was 0.071%. The Control Group survey produced a sample rate of 0.5848% specifically for the unvaccinated population of interest who fell *between the ages of 3-17* during the survey period. For the State of California, the NSCH sample rate for their target population (*between ages 3-17*) was 0.008% for 2017/2018. For the state of CA, the Control Group survey produced a sample rate of 0.497%. In the NSCH study, a *choice* was made to cut off any reporting on the health outcomes for those below the age of 3, even though they *had* access to this population's data. The increase in the rates of disorders our *very youngest* Americans are now suffering, is being ignored, at the same time the number of vaccines they're receiving has been *massively increasing*. It is more than odd, and more than frustrating, that with all of the money spent surveying the health/diseases of America's children, there was no inquiry into biological exposures to a class of pharmaceutical product that US law has formally classified as "unavoidably unsafe". This is an extremely obtuse approach for researchers who claim they're concerned for the health of American children.

Chapter 2

CONSTRUCT VALIDITY

(A) Premises (1): Injecting vaccines comes with health risks, and; (2) our health authorities have not *enumerated* what those risks are, therefore; (3) there has been no reliable numerical value on the risk side of vaccination with which to accurately calculate the risk-to-benefit ratio of vaccination, either for individuals, or for the public.

(B) Hypothesis: Entirely unexposed, i.e., "unvaccinated" people suffer from less of the injuries and consequent health problems that vaccines are known to cause, than the vaccine-exposed population suffers from.

(C) Challenge Questions to Answer: (1) Are the entirely unvaccinated (unexposed) in America suffering a substantially different number of health problems than the 99.74% vaccine-exposed American population? (2) If so, what are the *numerical* differences in the risk of health problems in the 99.74% vaccine-exposed population (at any level of exposure) vs. the entirely unvaccinated population in the USA?

(D) Method: (1) Survey a robust representative sampling of entirely unvaccinated, i.e., completely *unexposed* controls from across the Nation and compile their health data (2) compare the health outcomes found in the unexposed population to the risk factors seen in the 99.74% vaccine-exposed population, and; (3) numerically quantify the differences in risk factors to see if it's possible to answer one, or both, challenge questions in (C). [4] [5] [6] [7]

---

[4] The study model, data-collection methods, sampling rates, etc., are detailed in later chapters.

[5] **NOTE:** Vaccines are legally classified as "unavoidably safe", and there is no data to support any claims that vaccine reactions and injuries are "rare", which would be the only method of supporting a claim vaccines are "worth the risks" or "relatively safe". Therefore, the relevant 'null hypothesis' is not whether or not vaccines are safe. Vaccines are already known to be *unavoidably* unsafe. *See*: RESTATEMENT (2nd) OF TORTS § 402A comment k (1965). This study was conducted for the purpose of *enumerating* the risks associated with complete vaccine avoidance, by producing *numerical values* to then compare against health outcomes observed in the 99.74% vaccine-exposed population. Providing these numerical risk values facilitated an evaluation of the risk/benefit ratio of vaccination, at *any* level of exposure.

[6] In 1849, John Snow, the 'father of epidemiology', used the basic logic of exposure vs. non-exposure (to certain public water systems) to track down the *cause* of cholera outbreaks, ultimately preventing countless additional cases of cholera by eliminating the cause. SEE: https://en.wikipedia.org/wiki/John_Snow . Identifying and eliminating a potential *biological* cause, remains the single most logical and reliable method of investigating the cause of disease. In Snow's investigations it was simple. The people who drank from one water source as opposed to another, had *different health outcomes*. Modern and trendy epidemiological sciences now search for "social inequality" causes for diseases and deaths that obviously have biological causes. When purportedly searching for the cause of disease, it's now become fashionable to study whether people are suffering from a lack of fancy vacations and nice cars in their driveways, (income inequality as cause of disease) and/or their race, (racism-based cause of diseases) *instead of* examining direct *biological exposures* to substances that are *known* to cause the diseases in question.

[7] "If ... we choose a group of social phenomena with no antecedent knowledge of the causation or absence of causation among them, then the calculation of correlation coefficients, total or partial, will not advance us a step toward evaluating the importance of the causes at work." R. A. Fisher

Chapter 3

FOUNDATIONAL FACTS & LOGIC BEHIND THE PREMISES

1. **Our Nation's over <u>99% Failure-rated</u> System for Vaccine Risk Data.** [8] [9]
In the USA, the only nationwide data-collection, or "surveillance" system for "tracking" the risks associated with vaccination, is the Vaccine Adverse Event Reporting System ("VAERS") which has a failure rate of *over* **99%.** That is to say, the VAERS fails to collect observed data on adverse events occurring *shortly after vaccination* over 99% of the time. And the VAERS specifically prohibits the collection of data on the long-term effects, i.e., the VAERS provides absolutely *zero* data relevant to the enumeration of the long-term risks associated with vaccination. Based upon the VAERS data, calculating only the *immediate* reactions to vaccination, requires that one first multiply every reported (and disclosed) adverse event therein, including deaths, by *at least* a factor of 100. This calibration instantly exposes the slogan "rare" (in reference to vaccine side-effects) for the outright fraud that it is. This is why the Harvard VAERS study opens with the line "Adverse events from vaccines are *common* [ ]" (Emphasis added.) This 99%-failed-system, the VAERS, is responsible for the Big-Pharma marketing slogans, "rare" and "extremely rare", which are the sole support for their even more abusively-false slogan "safe".

In the wealthiest nation in the world, we are told to accept that a 99% failure-rated accounting system is the best our billions in tax-dollars can purchase from our "health" agencies. Equally disturbing, is that this same 99%-failed reporting system is relied upon by our health authorities and legislators <u>*in setting vaccine-related public health policies*</u>, which continually force more vaccines upon the public through increasingly discriminatory laws, regulations, and policies. [10] There is nothing "scientific" about an accounting system that's incorrect over 99% of the time. No accounting system that fails over 99% of the time is doing so *accidentally*. Only an accounting system specifically engineered to fail could *manage* to fail over 99% of the time.

---

[8] "Adverse events from vaccines are common but underreported, <u>*with less than one percent*</u> reported to the Food and Drug Administration (FDA). Low reporting rates preclude or delay the identification of "problem" vaccines, potentially endangering the health of the public. New surveillance methods for drug and vaccine adverse effects are needed." (Emphasis added.) **Electronic Support for Public Health - Vaccine Adverse Event Reporting System (ESP:VAERS) (Massachusetts)** Performing Organization: Harvard Pilgrim Health Care, Inc. - Submitted to: The Agency for Healthcare Research and Quality (AHRQ) U.S. Department of Health and Human Services. At: https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system NOTE: This study, exposing the 99% failure rate of the VAERS was viciously concealed from public view under the Obama administration, and nothing changed over at the FDA or the VAERS.

[9] "Generally, numbers don't lie. But financially motivated people *do* lie about the numbers." - Joy Garner – 2020.

[10] These legislative and administrative acts consistently deny equal opportunities in education and employment as retribution against those who refuse to submit to Pharma's never-ending demand for higher vaccine profits. And Pharma richly rewards our legislators for voting to pass compulsory vaccination laws, i.e., legislative votes are literally sold in exchange for directly increasing pharma profits.

2. ***Vaccines are legally classified as "<u>UNSAFE</u>"***
Vaccines are legally classified as "unavoidably unsafe" under controlling U.S. law. [11] Unsafe is the *antithesis* of safe. The use of the word "safe" to market this particular class of product, by any objectively-rational view, can only be described as *fraud*. Codifying this particular species of fraud as a protected activity within the USA does not alter the fact it *is* fraud to use the word "safe" to market a product that is absolutely *known* to be "unsafe".

Arguments that the marketing slogan "safe" is justified on pretense that vaccines are *relatively*-safe because they "save lives", are equally devoid of justification because this class of product is known to destroy and *end* lives, and the *number* of lives thusly-affected by vaccines have not been <u>*accounted for*</u> by any of our public health agencies. Again, the accounting system relied upon for vaccine-risk numbers, the VAERS, fails to produce correct data relevant to the risks *over 99% of the time*. Without an *accounting*, it's impossible to know whether this class of product has saved more lives than it has destroyed and/or taken, let alone justify slogans like "rare". The word "safe", in any context related to vaccination, is false and only intended to defraud the public out of their right to be informed where there is risk, to know the <u>*extent*</u> of that risk, and to <u>*voluntarily*</u> consent.

Without knowledge of the risks, (which requires *numbers*) this deceptive "slogan-science" method of obtaining the public's compliance with the dictates of the pharmaceutical industry, is the text-book definition of *fraud in inducement*, which is a criminal act. It can never qualify as consent. And further, this ongoing experiment cannot be justified as "advancing medical or scientific knowledge" because the 99% failure-rated accounting system for this experiment is equivalent to *intentionally wearing a blindfold* during the experiment. In a nation founded on the premise of freedom, the fact the pharma industry has purchased the shaping of our governing laws to sanctify their fraud as a protected activity, is nothing short of a grotesque obscenity. There are no words quite foul enough to characterize the act of *hiding* these injured and dead bodies through the VAERS in order to continue feeding the Pharma-Leviathan with the *lie* that their vaccines are "safe".

Our subject of investigation here, "Mr. V", is known to maim and kill and the Harvard-Pilgrim study has shown it is "common", over 99% more common than our agencies will ever report to us. But we're *still* told Mr. V's "safe" because it's "rare" for him to maim or kill people. We are told to refer to the VAERS numbers for confirmation of the "rare" slogan, because it's a "government safety surveillance system" that's "tracking" Mr. V's activities. And this sounds so reassuring, as if the FBI is *continually* surveilling what Mr. V is up to. [12]

---

[11] *See:* ***U.S. Restatement (Second) of Torts § 402A (comment k)***

[12] Not only is Mr. V a known killer, his entire industry is full of known *criminals* who are routinely adjudged to be guilty of criminal acts by our courts. See: ***Financial Penalties Imposed on Large Pharmaceutical Firms for Illegal Activities*** By: Denis G. Arnold, PhD, Oscar Jerome Stewart, PhD, Tammy Beck, PhD *JAMA.* 2020;324(19):1995-1997. doi:10.1001/jama.2020.18740 At: https://jamanetwork.com/journals/jama/article-abstract/2772953

If you were under "surveillance" would you assume that *over* 99% of the time, *nobody was watching you*? The term "surveillance" is just another fraud intended to give people the wrong impression, much like the word "safe". "Yes, we know Mr. V is a known killer. But don't worry, we've got him under *surveillance* and we're *tracking* him."

The government's 'surveillance' of Mr. V, which is purportedly monitoring *how many* people he's maiming and killing, keeps track of him *less than 1% of the time* while he's busy injecting people. And we aren't sure *how much less than 1%* of that time they're watching him. How could anyone know how *often* Mr. V maims and kills people, let alone ascribe any adjectives to the *frequency* of those acts?

"What were you doing on the morning of October 20th, 2020?" We already *know* what Mr. V was doing. Every day of the week he was injecting people *all day*. And *over* 99% of the time, nobody was watching him to make sure he was *only* "rarely" maiming and killing people.

'Less than 1%' doesn't qualify as "surveillance" when you're "tracking" a subject whom the government has formally classified as 'unavoidably unsafe' *because* he's a known killer. People can go to jail for *any* rate of accounting failure when they're dealing with the IRS. But there's money at stake for the government there. So long as the numbers *only* represent human suffering and deaths (after injection with unavoidably unsafe Pharma products) an accounting that's *over 99% incorrect* is acceptable to our loving government. The VAERS pretends to be 'counting' that which it *only* conceals. The VAERS exists to launder the injuries and deaths *so that* the money made off of them won't need to be laundered.

3. ***"Trace Amounts" and Gradients***

Vaccines are never tested for their cumulative, synergistic, or long-term effects. When tested on a gradient for toxicity in humans, many vaccine ingredients have been confirmed to be destructive and deadly in larger doses and/or with cumulative exposures, including but not limited to, the aluminum adjuvants and mercury found in the most common vaccines. And direct injection guarantees that 100% of the dose is the *actual* exposure. [13] It would be the pinnacle of irrationality to argue that repeated injections with an "unsafe" product that's replete with known toxins would not *also* increase the associated risks.

It is obviously correct logic to assume that our National disease, disability, and death rates serve as a numerical barometer that's at least 99% accurate for the health of a population with a 99.74% rate of exposure to this class of product, *at any level of exposure*. Obviously, within this 99.74% vaccine-exposed population, the higher an individual's exposure, the

[13] Bioavailability is a term used to describe the percentage (or the fraction (*F*)) of an administered dose that reaches the systemic circulation. Bioavailability is practically 100% with injection into the bloodstream, (F =1) See: https://www.sciencedirect.com/topics/pharmacology-toxicology-and-pharmaceutical-science/bioavailability - The FDA's safety guidelines for the "doses" of these substances are often based upon the greatly-reduced exposures one would expect if the substance were *ingested*, as opposed to directly *injected* into the bloodstream, which by-passes normal filtering and protective systems of the body. Exposure by direct *injection* (rather than ingestion) can be expected to increase the dosage by as much or more than 99%.

higher the associated risks for *that* person. The more one engages in risky behavior, the higher one's personal risk.

4. ***'Medical-science' relies upon the 99%-failed VAERS for "scientific" data.***
As seen in one prominent Oxford study from 2015, the VAERS produced a record of 2,149 deaths occurring shortly after vaccination.[14] [15] At a reporting-rate of less than 1% (established by the Harvard study), this number is appropriately calibrated to *no less than* 214,900 deaths occurring *shortly after* vaccination. This Oxford article states that, of those deaths occurring after vaccination that *were* reported to the VAERS, **79.4%** of the victims were injected with vaccines *hours* before death, i.e., on the *same day* of their deaths. [16]

5. ***Thousands dead on the day of vaccination is NOT "concerning" at Oxford.***
This 2015 Oxford article concludes; "No concerning pattern was noted among the death reports." This is a bizarre carnival-house mirroring of the data cited within this very same article. Although this article concludes that thousands (more accurately - hundreds of thousands) of humans dying within hours after vaccination is not a "concerning pattern", only one who has death as their *preferred* outcome, could agree.[17]

The article claims the noted causes of death are of no concern *because* they're extremely "common" ways *for the 99.74% vaccinated population* to die. [18] Therefore, the article continues, it could only have been a "*coincidence"* all of these people died *within hours* of vaccination. The justification for this article's claim there's nothing concerning about thousands of Americans dying within hours of vaccination is far worse than spurious. It's so blatantly obtuse that it's disturbing. [19]

---

[14] *Deaths Reported to the Vaccine Adverse Event Reporting System, United States, 1997–2013*
Pedro L. Moro, Jorge Arana, Maria Cano, Paige Lewis, Tom T. Shimabukuro
Clinical Infectious Diseases, Volume 61, Issue 6, 15 September 2015, Pages 980-987, https://doi.org/10.1093/cid/civ423
https://academic.oup.com/cid/article/61/6/980/451431

[15] Oxford is heavily dependent upon Pharma funding, with heavy interests in vaccine development. See: ***U.S. gives AstraZeneca $1.2 billion to fund Oxford University coronavirus vaccine***
https://www.marketwatch.com/story/us-gives-astrazeneca-12-billion-to-fund-oxford-university-coronavirus-vaccine-securing-300-million-doses-for-country-from-october-2020-05-21

[16] According to the VAERS reporting rules, deaths that occur more than 7 days after vaccination are not *permitted* to be reported as an "adverse event following vaccination" no matter how many of them occur on the 8th, 9th, or 10th day after vaccination and beyond, nor how many dead bodies continue to pile up in the wake of mass vaccination. And of course, any coroner reporting a vaccine as the "cause" of death, no matter how soon after the vaccine that death has occurred, will soon be out of a career. Pharma-money and their Chicom masters run the medical industrial complex in the USA now. SEE:
https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf

[17] If a rancher saw this "pattern" in his herd of cattle after the vet came by with a round of "protective" injections, *and* that rancher watched over 50% of his previously-healthy cattle get sick in the ensuing months and years, that vet would never be allowed near another cow again. That vet would end up in court paying for the damage.

[18] "A single death is a tragedy; a million deaths is a statistic."— **Joseph Stalin**

[19] If these deaths are considered "normal" then there is clearly something wrong with the new definition of normal.

This wretchedly-inept attempt to cover pharma crimes is akin to a snake chasing its tail. No relevant data is cited therein which could support its primary conclusion. i.e., that there's nothing "concerning" about thousands of Americans dying immediately after vaccination. The only evidence that might've supported such a conclusion, would've been the number of people who were *not* vaccinated just hours before their deaths, but who died the same way. This Oxford article is completely devoid of such critical data. Much like most of the official "vaccine-safety-science" of our day, it is also devoid of logic, reason, *or conscience*.

6. ***If the deaths are preceded by vaccination, they're okay, because it's so "common".***
The fact our 99.74% vaccine-exposed population *commonly* dies from these same causes is *hardly* evidence that vaccines are *not* causing these deaths. This purportedly "scientific" Oxford article goes on to explain that the majority of the reported infant deaths (within hours after vaccination) were *caused* by "Sudden Infant Death Syndrome" (SIDS). But SIDS is *not* a "cause" of death, and they're hoping we can't figure this out.

The SIDS designation is merely the coroner's claim that he's got no idea, (and no real desire to investigate) what actually killed an infant *who was vaccinated shortly before dying*. The remaining minority of 'causes' cited for these infants who died shortly after vaccination, were "asphyxia, septicemia, and pneumonia". The fact that *all* of these outcomes are *known* to be risks associated with vaccination, somehow escapes these "scientific" authors, and there's no investigation into what caused these conditions in the first place. Again, nobody noticed any 'concerning pattern' in the fact almost 80% of these deaths occurred *within hours after vaccination*? So long as the victims were recently vaccinated, their deaths are of no concern, because it's so *common* for vaccinated people to die in such ways.

The only logical conclusion that can be drawn from this Oxford publication is that the folks *at Oxford* don't find it concerning when thousands of people die within hours of vaccination. This article is merely cover for an *agenda*, rather than an assessment of any evidence or data. The UN, WHO, Pharma, and their many subsidiaries and beneficiaries, (including Oxford) have made clear what the agenda is, and it has *nothing* to do with improving the health of the American people, nor any other Nation's people. One cannot be genuinely trying to "save lives" *and* depopulating *at the same time*. [20] [21]

7. ***Long-Term, Stealthy, Progressive Attack***
Even after calibrating the correction for the over 99% incorrect VAERS accounting, the VAERS data is only useful in analyzing *some* of the *short-term* risks. Vaccines are

[20] The UN makes it abundantly clear that their *primary* objective is depopulation. Aggressive implementation of their agenda here in the USA at the state, county, and even city level, has already wreaked havoc and devastation that will take generations to fully recover from. See: UN's ***"Population Matters"*** at: https://populationmatters.org/news/2019/09/12/world-and-un-must-reduce-population-growth . Their flowery talk of "prosperity" to sell their agenda is hardly believable when literally *all* of their policies and activities lead to grinding poverty, sickness, and death. SEE how this death-cult pushes vaccines to advance their agenda: https://blog.pcc.com/united-nations-vaccines

[21] See how the WHO "helps" African people by injecting them will "vaccines" that destroy their reproductive systems: ***HCG Found in WHO Tetanus Vaccine in Kenya Raises Concern in the Developing World*** *https://thenewamerican.com/doctors-un-vaccines-in-kenya-used-to-sterilize-women/*

engineered to trigger, and thereby *permanently* alter, the immune system. Once triggered and gone awry, the immune system is capable of injuring, and ultimately destroying, literally any organ, tissue, or system of the victim, *including* the heart, brain, nervous system, liver, kidneys, pancreas, joints, lungs, skin, etc. No component of the victim is immune from this internal attack after the victim's most powerful biological survival mechanisms have been stealthily turned against them.

Injuries and deaths from this delayed-method can take weeks, months, or even years after the triggering-event, before the victim becomes aware there's a problem. And there's no telling which part of the body will suffer the most or be first in line for destruction. This would depend upon the agents included in the particular injection (along with the immune-system triggering adjuvants) which might include cells that train the immune system to recognize the pancreas, thyroid, or even the heart, as the primary target for destruction, and/or any number of other vital organs, glands, and systems. Various human and animal cells, i.e., foreign proteins and DNA, (many of them originating in China) are also routine vaccine ingredients, along with cancer tumor cell-lines. [22] [23]

8. ***The Alibi***

In the crime of arson, this form of attack functions much like a 'delayed incendiary device'. It provides the culprit with an alibi when the fire later begins to rage and the destruction becomes obvious to the victims. Picture here, a Pharma executive (Mr. V) on an exotic island sipping a drink by the pool, while typical working American parents face-down the reality their child will never fall in love, never marry, maybe never talk or walk again, or maybe not live much longer. Or maybe they're already planning the funeral for their child.

---

[22] After decades of human cancer-tumor cells ("immortal" cells) being used to cultivate infectious disease agents for vaccines, the FDA has just recently (August 2020) decided to *begin* to "investigate" whether or not a "safer" method of growing diseases for vaccines might be considered. This comes *after* billions of doses of these cancer-tumor cell lines ("immortal" cell lines) have *already* been injected into Americans. And there is no talk of halting their use *while* investigating safer alternatives *to injecting Americans with cancer tumor cells.* How wise it is to *continue* injecting millions of Americans with cancer-producing cell-lines? READ: https://www.fda.gov/vaccines-blood-biologics/biologics-research-projects/investigating-viruses-cells-used-make-vaccines-and-evaluating-potential-threat-posed-transmission

[23] According to the American Cancer Society's estimates, the 99.74% vaccinated American Population suffered over 2.4 million new cancer cases and deaths in 2020 alone. Meanwhile, nobody seems to raise an eyebrow as we shut down the global economy and dump trillions of dollars over a flu bug from China, even though *94%* of its victims were already suffering an average of 2.6 co*morbidities* (i.e., 2.6 *other* things that could've killed them) at the time of their deaths. See: https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2020.html
And:https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFVO3DfslkJ0KsDEPQpWmPbKtp6EsoVV2Qs1Q NOTE: 94% of "covid deaths" were in those who already had an average of 2.6 comorbidities which even included gunshot wounds. See: https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm#Comorbidities These 2.6 comorbidities per "covid victim" erased all sanity from the actual count of deaths. Basically, the proper adjustment would leave us with the logical assumption that the correct number of deaths due to covid may only be 6% of the reported numbers. Regardless of the admission, the CDC has *refused* to update their CV-19 "death count" to reflect the *truth*, preferring to keep the death count 94% higher than it actually may be. The CDC owns vaccine patents and profits from their sales, so this makes perfect sense *to them*, even if it means the Nation's economy must tank, leaving tens of millions of Americans without hope, losing their livelihoods, their homes, etc. Telling the truth is a bad business model in this particular industry.

And the culprit is long gone.
With this method of attack, the only thing that might be somewhat "rare", is for the fire to rage *swiftly enough* (after the triggering event) to clearly implicate the culprit. But even when the victim *dies* on the same day of injection, there's a handy coroner to call it "SIDS" or any number of so-called "causes" thereby exonerating vaccines with the claim these are all very "common" ways for (vaccinated) people to die. And Oxford can be relied upon with their "coincidence-theory" of death *immediately after vaccination*. And if this isn't *enough* to protect the culprit, the handy VAERS is *also* there to conceal over 99% of the injured and dead bodies, while pretending to be counting them for us. They do this for our "safety".

This leaves a thinking person with but one remaining method of clearly identifying and evidencing the most *obvious* culprit in our Nation's current epidemic of immune-system mediated chronic illnesses, injuries, disabilities, and related deaths. Only by obtaining health data from those who've entirely *avoided* exposure to the most obvious culprit, "Mr. V", for comparison against the 99.74% vaccine-exposed population, can we begin to understand the full scope of the effect mass vaccination programs have had, and will continue to have on the American people, *if we don't find a way to stop this agenda*.

And it *is* an agenda.

9. ***Refusal to include true controls in safety-testing is scientific fraud.*** [24]
As a general rule, vaccines are not tested against true "controls", i.e., compared against subjects that are *not* exposed to other known toxins, (vaccine "excipients") and/or other vaccines. The current art of vaccine "safety" testing includes the outright fraud of injecting the so-called "placebo controls" with *other* vaccines and/or other toxic vaccine ingredients that are *known* to cause biological effects. *Both* groups, (these fake "controls" and the "treated") are then compared against each other. Only the differences in injuries *between these groups* will be attributed to new vaccines. The extent to which the outcomes are the same, is the extent to which any injuries or deaths will be called "a coincidence" and not counted. This is the outrageously fraudulent scheme by which vaccines are FDA 'approved' and marketed with the false slogan "safe", or "relatively safe" compared to the placebo controls, or to the 99.74% vaccine-exposed population. Legalizing this practice does nothing to alter the dictionary definition of the word *fraud*. Scientific fraud in *medicine* is perhaps the most insidious and egregious type of fraud because it makes it possible to injure *an entire Nation's people* by altering public health policy.

Outright scientific fraud is not only the rule, it's the *golden rule* in vaccine 'safety' testing. Big Pharma and its many beneficiaries, outrageously continue to maintain that this fraud is

[24] https://childrenshealthdefense.org/wp-content/uploads/ican-reply-december-31-2018.pdf This letter from ICAN, directed to U.S. Department of Health & Human Services HHS Office of the Secretary Alex M. Azar II, Secretary of Health & Human Services on December 31st, 2018 documents and details the many vaccines given to infants before the age of 6 months, *none of which* have ever been tested against controls, with complete references for each vaccine in question: By refusing to use the term "control" in the context of its *actual scientific meaning*, pharm-industry beneficiaries in our health agencies continue to defend these frauds.

the only 'ethical' research method available.[25] Sane and ethical people do not consider scientific fraud, *specifically engineered to conceal the risks of injury and death*, to be an 'ethical' way to conduct medical research. But then, the language within this particular branch of 'science' is so corrupted that the most important words are now used to describe the *opposite* of what they actually mean. Hence, the word "safe" is used to market a class of product which our laws have formally categorized as "unavoidably *unsafe*".

10. ***The FDA's "relatively" safe requirement***

FDA regulations define "safety" as a relative term. It actually means "*relative* freedom from harmful effect" *in light of the patient's underlying condition*, assuming that the biologic is "prudently administered." [26] In determining whether this standard is met, the FDA must consider the risks of the product against its benefits. [27] [28] Proof of safety comprises "adequate tests by methods reasonably applicable," including reports of "significant human experience" with the product. [29] "Purity" means that the finished product is "relative[ly] free[]" from "extraneous matter," including moisture and pyrogens. [30]

Here, the "significant human experience" relies upon the VAERS "surveillance and tracking" numbers for vaccine injuries. *This* is the measuring stick by which the FDA values the risks *after* unleashing a newly-approved vaccine on the general public. If the VAERS data (the 99% incorrect data) then "proves" the new vaccine has a "low" risk, (with their fake numbers that are less than 1% accurate) it is assumed to be "relatively safe". Yes. It's all very 'scientific'.

---

[25] The pharma argument is that it would be "unethical" *not* to inject every accessible human with *something* due to the possibility it might have some "therapeutic benefit" that no person should be "denied". However, this argument fails to explain the therapeutic benefit of injecting a so-called "placebo controls" with *aluminum* (or other adjuvants and toxins) *without any potentially "therapeutic" infectious agents*. There is no chance simple aluminum injections could offer any therapeutic benefit to anyone, but it's the norm in "vaccine safety" testing. And the FDA "approves" of this fraud, because aluminum is part of the FDA's fraudulent *inactive* "excipient" ingredients list, along with formaldehyde, benzoyl alcohol, mercury, polysorbabate 80, etc. The fraudulent classifications permit the fraudulent "science".

[26] 21 C.F.R. §§ 600.3(p), 601.25(d)(1).

[27] Again, the "experts" try to do math ("*risk*" vs. benefit) without NUMBERS in hand, other than those from the over 99% incorrect VAERS database and some rigged vaccine trials with fake "placebo controls".

[28] 21 C.F.R. § 601.25(d)(3)

[29] 21 C.F.R. § 601.25(d)(1)

[30] 21 C.F.R. § 600.3(r). This "extraneous matter" simply means items other than the myriad known toxins pharma *admits* are in the vaccines, including cancerous tumor cells. But pyrogens and other extraneous matter *are* permitted. And we have no idea what level of "extraneous matter" makes a drug "*relatively* free", because we don't know what it's being *compared* to. Any amount of literally anything could be considered "relatively free" of this "matter" *if* it's compared to human waste for instance. It's another subjective 'relative' CYA statement. Most common and inexpensive household water filter systems reduce the glyphosate (Roundup weed-killer) level from drinking water to levels far lower than the FDA authorizes the vaccine industry to *include* in their vaccines. If a vaccine is being compared to a bottle of RoundUp, it would be considered "relatively free" of glyphosates, i.e., "extraneous matter". And we are not given the benchmark comparison used for the "relatively free of" the *pyrogens* that are found in vaccines. Is this only in comparison to *other* vaccines? SEE: https://academic.oup.com/cid/article/31/Supplement_5/S162/332806 - where it is explained how these vaccine 'pyrogens' inflame the *brain*: "In the pathogenesis of systemic inflammation and fever, peripheral inflammatory and *pyrogenic signals gain access to the **brain** via humoral neural routes*."

11. ***FDA Classified All Americans as <u>Their</u> Sick "Patients"***

This relativism at the FDA also assumes <u>*all*</u> people, even perfectly healthy people, are sick "patients" who are all in *dire* need of the "*therapeutic* treatment" of vaccination to "protect" them from germs that will surely kill them if they're not immediately injected with an *experimental* "treatment" for their "condition". It's then argued the treatment might have prevented an infection, so it's okay if people are *maimed or even killed* by the "therapeutic" vaccine. You see, at the FDA, this is a relatively *good* outcome because the "therapeutic" might have prevented a deadly infection. So never mind the mangled or dead bodies, because they would surely have died anyway, even though they were actually perfectly healthy *before* the medical experiment began. [31] Almost any "treatment" can be justified when you've got a sick and dying patient on your hands. By classifying vaccines as a 'therapeutic' drug, *all* Americans became sick patients to the government bureaucracy who must "treat" them with dangerous drugs.

The FDA claims the VAERS numbers show the risks of injury from this experimental vaccine "therapy" are low, ("rare") therefore it's *always* best to take these risks. Never mind that the VAERS reports <u>*less than 1%*</u> of those risks, and never mind that the injuries are in fact *common*. Big media, big tech, and even the medical journals, who are all beneficiaries of the vaccine industry, have shielded the public from this "dangerous" information, so there's no need consider it in the "risk/benefit" evaluation, at least not over at the FDA. They will just stick with the accounting that's over 99% incorrect. And they'll call it "science" that we must "trust" because the "experts" said so. But science requires numbers and math. Numbers that are over 99% incorrect *cannot* support any form of "science".

12. ***Preemptive Defense***

To cover vaccines and protect against allegations that informed consent was not given, i.e. when people are injured and killed without having been properly informed this could happen, the FDA has adopted/codified a preemptive legal defense, which is called the "therapeutic privilege". This privilege normally allows a *treating physician* to override/circumvent informed consent requirements if they believe "full disclosure would be detrimental to a patient's total care and best interests". In other words, if the doctor

[31] This is akin to proud oncologists celebrating as it's discovered *on autopsy* that the cancer tumors were "killed". Never mind the dead body after chemo. This person was "cured" of the cancer. But in that scenario, the "patient" *did* have cancer. With vaccines, the FDA considers *all* Americans to be "patients" who will likely "die" *without vaccination*. This is *how* the "therapeutic" classification is applied to vaccines, which provides a *preemptive* legal defense for the injuries and deaths vaccines cause, because the vaccines were "intended" to "treat" the "deadly" condition *of being unvaccinated*. This is the twisted logic which forms the basis for the FDA's classification of vaccines as "therapeutics". In classifying vaccines as therapeutics, the FDA has effectively classified *all* Americans as patients who ALL have a "deadly condition" that must immediately be "treated" with vaccines. This therapeutic classification frees the vaccine-industry from "informed consent" requirements as well. After all, the FDA reasons, the person would surely have died if not for the intervention of vaccination. To cover vaccines, the FDA has preemptively adopted the "therapeutic privilege" which allows a treating <u>*physician*</u> to *circumvent* informed consent when "full disclosure would be detrimental to a patient's total care and best interests". Without having seen a single "patient" the FDA has decided for *all* Americans that they are suffering a deadly "condition" and that, "full disclosure would be detrimental to a patient's total care and best interests". This is WHY the public continues to be told that vaccines are "safe" and the injuries and deaths are "rare", even though the *antithesis* of both of these slogans is actually the truth.

believes you would reject a treatment if you understood to how badly it will injure you, he is legally permitted to lie to you about the risks, and even go as far as to say it's "relatively safe" while knowing full-well it's very risky. It's for your own good of course.

14. ***Human Medical Experiments <u>Without</u> Informed Consent is LEGAL in the USA.***
Our laws are *purported* to protect the public from medical experimentation and risky procedures without informed consent. However, they do the *opposite* by legalizing the act of exposing the public to dangerous medical experiments *without* informed consent through myriad waivers which have the effect of legalizing the act. All of these 'protective' laws *begin* with official and ridged-looking informed consent requirements. However, they *all* include exceptions and "waivers" that are only "subject to approval" from nameless government "officials". So if a government bureaucrat is considered an "official", he is then free to waive *our right* to informed consent *for us*, and for our physicians, in advance of the medical experiment. And the fallback position, when people are injured and later argue they were denied full information, (and therefore could not possibly have consented) is the "therapeutic privilege" which was *originally* intended to belong *only* to our treating physicians.

All Americans are considered to be the "patients" of an endless stream of government bureaucrats, who've broadly waived our right to informed consent, by preemptively claiming the "therapeutic privilege". It's already bad enough that physicians are legally permitted to deny us any pretense of informed consent when experimenting on us, merely by later claiming they 'believed' an experimental "therapy" might have helped us. Now we come to understand this privilege has been claimed by nameless, faceless, government "officials" who routinely dispense "waivers" which permit human medical experimentation on all Americans *without* informed consent. [32]

Without having seen or treated a single "patient" our agencies and bureaucrats have decided for *all* Americans that we're suffering a deadly "condition" and that disclosure (of the truth) would be "detrimental to our total care and best interests". This is WHY the public continues to be told vaccines are "safe" and that the injuries and deaths are "rare", even though the truth is the *antithesis* of both of these slogans. And if this were not bad enough, the FDA has, through a complex web of "classifications" essentially now transferred this "therapeutic privilege" *directly to vaccine makers*. But wait, there's more…

Our legislative branch has taken the fact that the FDA has preemptively waived "informed consent" for *all* Americans (where vaccine experiments are concerned) to mean that even <u>*consent*</u> can now *also* be summarily denied. Those who *are* informed and refuse to consent are now denied basic rights as retribution for refusing to serve as experimental medical

[32] See: 45 CFR § 46.116 – "General requirements for informed consent. (e) <u>*Waiver*</u> *or alteration of consent in research involving "public benefit" and service programs conducted by or subject to the approval of state or local officials"* **-** (Emphasis added) In the "public benefit" context, the official can claim therapeutic privilege, since vaccines are classified as therapeutics by the FDA. Who knew the government had claimed the full powers and privileges of our own treating physicians, <u>*over our lives and medical treatments?*</u> Also see: 45 CFR § 46.116 (e) (2) (2) *Alteration.* "An <u>IRB</u> may approve a consent procedure that omits some, or alters some <u>*or all, of the elements of informed consent*</u> [ ]" (Emphasis added.)

subjects once the FDA has "approved" of them being continuously conducting on us all *without informed consent*. But it's okay though, because the VAERS is 'surveilling' this killer to make sure he's only 'rarely' maiming and killing people. It's less than 1% of the time, but still, they're 'tracking' him alright, because they love you and your children so much.

Yes, this *is* the legal defense set up *in advance* of the injuries and deaths. And where is this evidence we are *all* currently suffering deadly "conditions" which require *immediate* treatment with all available "therapeutic" vaccines? There is none. It's just a legal maneuver to advance the interests of pharma. It is their *lack* of data (over 99% incorrect) which serves as their "scientific" evidence, and which is the *sole* support for the theory that vaccines are "worth the risks". Their argument is that, because they've *refused* to count the injuries and dead bodies, this somehow proves vaccines are "relatively safe". Relative *to what*? Oh yeah, relative to *the 99.74% vaccine-exposed population*.

15. ***Exposure to Confounders***

The primary confounding biological factors present in the unvaccinated population today are exposures to the vitamin K-shot and/or maternal vaccines. Our Control Group data of unvaccinated (post-birth) has evidenced that, of those few Americans who have entirely avoided vaccine exposure since birth, more than 31% were exposed to the vitamin K-shot and/or their mothers were vaccinated during the pregnancy. The "vitamin" K-shot contains a powerful immune-system triggering vaccine-adjuvant, i.e., aluminum, (and other known toxins) with the potential to permanently-alter human physiology and cause immune-system injury. [33]

Immediately after all hospital births in the USA today, parents are told by medical staff that the K-shot is just a "vitamin" and heavy pressure is applied to make sure their new baby is injected with it, along with any other injectable pharmaceuticals pushed at these facilities. Parents are falsely told their baby *will* "bleed to death" without the K-shot and false allegations of "medical neglect" are routinely levelled against parents who refuse. This would tend explain why parents who are concerned about vaccine-safety do not always reject these risky immune-system triggering "vitamin K" injections for their newborns. They are told it's "just a vitamin" *and* they are threatened.

For purposes of this study, the maternal vaccines and vitamin K-shots are obvious potential confounders that have been stratified to establish relevant risk factors as compared to those who've avoided exposure to *both* of these pharmaceutical offerings, *in addition to* avoiding exposure to all post-birth vaccines. Although the unvaccinated (post-birth) who were exposed to the K-shot and/or maternal vaccines represent the minority of those surveyed, the vast majority of health conditions reported in the "unvaccinated" (post-birth) were found *in those who were exposed to the K-shot, and/or maternal vaccines*.

---

[33] "However, how these mineral agents influence the immune response to vaccination remains elusive. Many hypotheses exist as to the mode of action of these adjuvants, such as depot formation, antigen (Ag) targeting, and the induction of inflammation." ***The mechanisms of action of vaccines containing aluminum adjuvants: an in vitro vs in vivo paradigm*** - Springerplus. 2015; 4: 181.
Published online 2015 Apr 16. doi: 10.1186/s40064-015-0972-0 - PMCID: PMC4406982- PMID: 25932368 - At: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4406982/

16. ***Why would a mother take vaccines during pregnancy but <u>not</u> vaccinate her child?*** We have no explanation for the small minority mothers who accepted vaccination during their pregnancy, but who then rejected vaccines for their children after the birth. The only insights available here, are that some of the women who were vaccinated during pregnancy reported they thereafter produced a medically "fragile" child. One female infant who was reported to have been exposed to vaccination in-utero, was born with microcephaly and multiple birth defects. *For the first time*, this particular mother suspected vaccines. We do not presently know exactly how many *other* American mothers are now in this category.

Chapter 4

OVERVIEW OF SAMPLING CALCUATIONS & RESULTS

1. ***How Many People in the USA are entirely unvaccinated?***
Until this study was conducted, there was no existing dataset available with which to accurately calculate the number of entirely unvaccinated adults living in the USA today, and there were no recent figures on the rate of entirely unvaccinated children. Calculations from within this survey data, when calibrated against data from the CDC's last research, places the percentage of entirely unvaccinated living in the USA in 2020 at 0.26% of the total population. [34]

According to the CDC, in 2001 the calculated percentage of entirely unvaccinated infants in the USA was 0.3%, increasing to 1.3% by 2015, which indicates the existence of a trend, i.e., an increasing distrust of vaccines. [35] This trend was ongoing for some time before 2001. Although the percentage of entirely unvaccinated children suddenly began to drop in 2016, this more-recent change does not appear to be the result of an increasing *trust* in vaccines. Rather, in 2016, many of the most populated states began enforcing strict new vaccine mandates for those under 18, for college-aged students, and even for many adult professions. In addition to this, pharmaceutical distributors, (medical staff) also began to intensify their campaign of false medical-neglect allegations against parents who refused to have their children injected.

The 2001 and 2015 CDC surveys did give time and value reference points from which to calculate the percentage of entirely-unvaccinated within certain age groups for the Control Group survey period, serving as known values, with average yearly increases/decreases during specific periods, to use as calibration standards against these survey results. The calibrations (regression/progression models based upon year-of-birth) are reliable, and if anything, represent too large a number of entirely unvaccinated. This is due to the fact the percentage/number of unvaccinated in 2001 cannot have *increased*, i.e., a vaccinated person cannot later become an "unvaccinated" person (or adult) who would have qualified for participation in this survey.

2. ***Decline in Number of Unvaccinated, starting in 2016:*** [36]
In 2016 the number of entirely unvaccinated in the USA, in all ages, suddenly took a *sharp* decline, due to the passage of a plethora of harsh new state-level vaccine-mandate laws in the most populated states which codified the enforcement of severe discrimination against the minority unvaccinated population, denying them equal access to both public and

[34] This rate is the average of all ages combined, and varies by year of birth.
[35] https://www.cdc.gov/nchs/fastats/immunize.htm
[36] ***Vaccination rates climb in California after personal belief exemptions curbed*** – Stanford Medicine https://scopeblog.stanford.edu/2019/12/23/vaccination-rates-climb-in-california-after-personal-belief-exemptions-curbed/

private education, daycare services, medical care, and even denying them access to regular means of employment in many common professions. [37]

Pharma-funded propaganda campaigns simultaneously began vilifying this exceptionally healthy minority of Americans, referring to them as filthy, diseased, "anti-vaxxers", who are "selfish" and "crazy killers". [38] [39] Another angle of this defamation campaign was devoted to the equally outrageous and false claim that unvaccinated people represent "the most serious public health threat" this Nation has ever faced. [40] By seeing what they accuse others of, you often learn precisely what *they* are guilty of, as well as the punishments *they* deserve.

At present, we have no method of determining exactly how many who were previously unvaccinated, are *now* more recently-vaccinated (within the past 5 years) as a result of these newly-imposed pharma mandates and tactics. Therefore, the total population of entirely unvaccinated controls, premised upon those values which are known, could be considerably *smaller* than calculated here. Consequently, the sampling rates listed herein, for this population of interest, are likely somewhat higher than those values delineated in the sample-rate section of this report. This would tend to explain the stunning level of accuracy found in the dataset as reflected in the confidence intervals derived from the sample means.[41]

3. ***Absurd Assumptions***
Pervasive pharma propaganda has resulted in the idea humans somehow become "sterilized" once they've been injected with disease-causing infectious agents, and that therefore, people can only be deemed "safe" to be around after this ritual "cleansing" sacrament has been completed. Although this reasoning flies in the face of the evidence, and even basic logic, it has become the popular delusion of our day. Presuming this superstition is grounded on any scientific data, has led to catastrophic public health policies.

4. ***Pharma's Baseless Slander Campaign as a Marketing Tool***
The ongoing Pharma-funded slander campaign against all those who distrust and refuse their products, equates all "unvaccinated" people to that of profoundly sick and diseased creatures who are saturated with infections, constantly spewing every infectious agent ever identified, upon all those around them. Evidence that there is any truth to their accusation is non-existent. But this doesn't stop prostitutes from selling their souls to advance the spread of this fallacious propaganda as if it were fact.

---

[37] ***Barring Nonmedical Exemptions Increases Vaccination Rates, Study Finds*** - At: https://www.ucsf.edu/news/2019/12/416271/barring-nonmedical-exemptions-increases-vaccination-rates-study-finds
[38] **"CRAZY-MOTHERS want you to stop calling them anti-vaxxers**" https://www.livescience.com/anti-vaxxers-try-to-change-name.html
[39] ***Anti-Vaxxers Hate Your Kids*** - https://virologydownunder.com/anti-vaxxers-hate-your-children/
[40] ***Anti-vaxxers are dangerous. Make them face isolation, fines, arrests.*** https://www.washingtonpost.com/opinions/2019/04/30/time-get-much-tougher-anti-vaccine-crowd/
[41] SEE: Chapter 7, "Accuracy".

Pharma's allegations against the unvaccinated are no more supported by any *evidence*, than were the allegations levelled against our duly-elected 45th POTUS during the infamous "Russia Hoax" campaign so treasonously-deployed against our Nation by the Marxists and CCP loyalists who've managed to infiltrate our government and media at every level.

5. ***The poorest get the most vaccines and they're in the worst health.*** [42] [43] [44]
The CDC's findings place the illiterate and poor within the demographic having *both* the highest rates of vaccine exposure *and* the worst health in this Nation. Likewise, the CDC's own studies place the unvaccinated, and/or "under-vaccinated" population among the *heathiest* demographic found in the USA.[45] The CDC's research evidences that the typical "vaccine refuser" is educated, i.e., they are literate enough to *read a vaccine insert*. Although these CDC studies are clearly intended to incite class and race wars, (blaming 'rich white people' for the bad health of the poor) *none* of the obvious biological factors add up to the CDC's conclusions as to *causation*. There is zero evidence that the lack of a Mercedes in your driveway increases your risk of brain damage, heart disease, diabetes, cancer, asthma, etc. There is *ample* evidence that vaccines do cause deadly health conditions and death.

The rational conclusions to be drawn from the evidence are quite obvious, but do not feed into the proper social-justice narrative, so they are ignored and heavily-censored. Unlike evidence-based biological science (exposure vs. non-exposure) social justice studies rely heavily upon irrational contradictions and blindness-to-the-obvious. [46] The *scientific method* appears to have been outright-banned within most of our health agencies, in favor of trendy "social-justice-science" to advance the "cause" of communist health care models that are engineered to place full control over medical decisions directly into the hands of Pharma.

6. ***Pharma's Primary Target for ELIMINATION is the Control Group, i.e., the EVIDENCE.***

---

[42] ***When Poor Health and Poverty Becomes Disease*** https://www.ucsf.edu/news/2016/01/401251/poor-health-when-poverty-becomes-disease . This so-called "research" is clearly intended to blame America's refusal to adopt communist rule, as the cause of our current non-infectious health crisis.

[43] In order to inflame the attempted communist take-over of this Nation, CNN twisted the vaccine issue into something they hoped would incite both race *and* class warfare. See: https://www.cnn.com/2015/12/30/health/california-vaccine-refusers-white-and-wealthy/index.html

[44] Never mind the fact poor people are more heavily vaccinated: "***Poor Americans Die Younger"*** https://www.sanders.senate.gov/newsroom/poor-americans-die-younger Bernie Sanders says they need *more* vaccines than they're already getting and that the only answer to this nation's health crisis is communist rule and forced vaccinations for all, under threat of criminal prosecution.

[45] ***Why Some Rich, Educated Parents Avoid Vaccines*** - https://www.livescience.com/43577-why-rich-educated-parents-avoid-vaccinations.html

[46] Research into "social" issues (posing as medical research) *has* proven quite helpful in demonstrating that those who avoid vaccines are among the healthiest demographic in the Nation. Obviously, their research was not intended for this purpose, and instead was focused on fueling a class war to support a communist agenda. The following study cited below is focused on issues related to race, sex, economic, etc., *rather than* actually looking for biological causes for the increase in disease seen in our nation's people. Vast resources were expended to identify unvaccinated people, but not one penny was spent to record or study their *health outcomes*. See: ***Sociodemographic Predictors of Vaccination Exemptions on the Basis of Personal Belief in California*** https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4695929/

Pharma's false allegation that a person is spreading infectious agents *because* they haven't recently been injected with *those very same infectious agents*, is beyond absurd. It collapses further with the objectively true fact that *vaccinated people* are the ones "shedding" (code for spreading) the very same infectious agents they've been injected with. [47] Pharma's barrage of slanderous propaganda against the minority of unvaccinated who have lost, and/or are losing, many of their most fundamental human rights in order to avoid being injected with dangerous Pharma products, incites illogical and emotionally-driven public outrage against them.

Precisely *because* the health data of entirely unvaccinated (true controls) is the very best evidence available, (in fact the only relevant evidence in existence) by which the risks associated with vaccination can be *enumerated*, the scientific controls are Pharma's *primary* enemies to be injected/corrupted as swiftly as possible. [48] The false allegations leveled in Pharma's multi-faceted slander campaigns are intended to advance their agenda for universal forced vaccination for all ages nationwide, with *all* existing vaccines, and *any they wish to sell in the future*, under threat of criminal charges for not complying. This same cabal, which includes big-tech, is *also* now charging ahead in an attempt to use the CV-19 scare to secure the unlimited power to track and trace every American citizen to the benefit of *foreign* powers (CCP) to whom it is planned, *all* of this data will be directly supplied. [49]

7. ***The Distributors/Pushers in the Field***

The pharmaceutical distributors (pharmacists, doctors, and medical staff) are no less culpable than those whose agenda they serve. Under the directives of their administrators, it is now standard practice for medical staff to abusively extort parents into submitting to Pharma's demands that all children be injected with all of their injectable products, in order to maintain and increase pharma profits. These pressures include, but are not limited to, threats to falsely accuse the parents (of perfectly *healthy* children) of felony "medical neglect", causing the loss of their children to foster care if the parents do not obey. These threats often *do* lead to the loss of children to the state, and even the loss of other children in the family, no matter how healthy or well-cared-for those children were with their natural parents. It's a mighty weapon these pharmaceutical distributors wield in their

[47] Weston A. Price published a heavily referenced research paper in 2015 clearly evidencing the fact vaccinated people spread the very same infectious agents they've been injected with, and that they do so asymptomatically, i.e., in the style of "Typhoid Mary". See: https://www.globenewswire.com/news-release/2015/02/02/702199/10118172/en/Studies-Show-that-Vaccinated-Individuals-Spread-Disease.html

[48] ***The Global Crackdown on parents who refuse vaccines for their kids is on"*** https://www.vox.com/science-and-health/2017/8/3/16069204/vaccine-fines-measles-outbreaks-europe-australia

[49] Apple, Microsoft, Google, Twitter, and similar CCP loyalist big-tech firms are 1st in-line to "manage" the new vaccine "track & trace" systems in many American states. Apple already supplies aid and support to the CCP in oppressing the Chinese people, and Apple, along with other firms, will follow the directives of the CCP, the government that's responsible for creating and then spreading the China-bat-virus to the USA in the 1st place. See: https://www.wired.com/story/apple-china-censorship-apps-flag/

heavily-incentivized war for ever-increasing profits. [50] The *least* abusive threat routinely leveled by medical staff as retribution for refusal to comply with pharma's demands, is an outright denial of medical care. [51]

8. ***The Race to Eliminate the Evidence***

These Pharma-directed 'marketing' schemes have been terrifyingly effective here in America. It is now *extremely* rare to come in contact with an entirely unvaccinated person in the USA, of any age. The peril our country faces with the continued destruction of this dwindling critical scientific evidence cannot be overstated. In 2020, well-under a million Americans were still entirely unvaccinated (post-birth). However, the number of unvaccinated is still, *at the moment*, ample enough to produce statistically-reliable health data for comparison against the 99.74% vaccine-exposed population. This is a circumstance Pharma is desperate to immediately alter. At this time, Pharma is quite urgently attempting to bury/corrupt *all* of this critical scientific evidence. By paying off our legislators, they're moving swiftly toward making it a crime to resist *any* of Pharma's dictates, in even the smallest of ways, punishable by criminal charges *and* the citizen's immediate loss of their progeny. [52]

This cut-throat attack on this minority of Americans is a race to bury *this critical scientific evidence*. It certainly isn't based upon any concern for the safety of the unvaccinated. Nor is it borne out of any genuine interest in protecting the "herd".

9. ***The 1st Study to Quantify***

The Control Group study is the first nationwide survey (48 state coverage) to quantify the percentage of the population that is entirely unvaccinated from infancy through older years. This study is also the first to enumerate the percentage of entirely unvaccinated who have *also* avoided both the K-shot and pregnancy vaccines. Further, this is the 1st nationwide survey to specifically quantify *health outcomes* for those who've completely avoided exposure to vaccines (no contact with Mr. V) throughout the USA. Enumerating the rate of health conditions within the entirely unvaccinated population in the USA, is the *only* method by which the risk-to-benefit ratio of vaccination *can be* evaluated. The VAERS is of absolutely zero value in understanding what *later* happens to the "herd" once 99.74% of it has been exposed to vaccines, even if this system *weren't* failing (over 99% of the time) to capture the *short-term* injuries and deaths. Our National disease and death statistics are an almost perfect accounting system for the vaccine-exposed population's health status, i.e.,

[50] ***Vaccine refusal increasingly being linked to medical kidnapping – Violation of Civil Rights:*** https://medicalkidnap.com/2017/11/29/vaccine-refusal-increasingly-being-linked-to-medical-kidnapping-violations-of-civil-rights/

[51] ***More Pediatricians are Dismissing Patients Who Refuse to Vaccinate*** - https://www.boardvitals.com/blog/pediatricians-patients-refuse-vaccinate/

[52] ***Jail 'anti-vax' Parents***: https://www.usatoday.com/story/opinion/2015/01/27/jail-anti-vax-parents-vaccines-cdc-measles-disney-world-california-column/22420771/

the results of this mass vaccination experiment are fully visible in the health outcomes observed in this vaccine-exposed population. [53]

10. ***Eliminating the Suspect***
Toxicological gradient assessments of many ingredients in vaccines have *already* confirmed their toxicity in higher quantities, and the cumulative effects of vaccination have never been evaluated. Only a compulsive liar would argue higher doses (with multiple vaccines at once) and/or a higher number of repeated exposures, would *not* increase the risks associated with injecting an "unavoidably unsafe" pharmaceutical product. If any so-called "scientists" wish to argue otherwise, they would *only* destroy their own credibility in the attempt.

Eliminating vaccines as a possible cause of disease, disability, and death, provides a baseline of vital data. It is impossible to numerically quantify the risks (or lack thereof) of total vaccine abstinence without collecting this data. And without this vital data, there is nothing to compare the vaccinated population against, in order to *numerically* quantify the risks associated with vaccination and/or avoidance of vaccination.

11. ***The Primary Arguments against the Control Group Methodology:***
It has been argued that the vaccinated "herd" protects the unvaccinated from disease and death. This reasoning is used to explain the superior health outcomes and lower death rates when they've been documented in the unvaccinated population by independent researchers. But this Pharma-argument fails miserably because it cannot explain how the vaccinated herd is protecting the unvaccinated from <u>non</u>-infectious diseases and/or disabilities, such as brain and nervous system damage, heart disease, diabetes, etc.. Differences in these types of health outcomes, and/or their associated deaths, *cannot* be attributed to any protective benefit provided by the vaccinated "herd". And again, it is well-documented that the vaccinated herd *spreads* the very same infectious agents they've been injected with. There can be no valid argument the vaccinated herd has *protected* the unvaccinated from exposure to these infectious agents, let alone that it's protected any unvaccinated people from *brain damage, heart disease, kidney failure, thyroid disorders, diabetes, epilepsy, microcephaly, asthma, eczema, life-threatening allergies, exc.*

Arguments to explain differences in health outcomes between vaccinated and unvaccinated also include the obtuse reasoning that, even though vaccines are known to cause serious, disabling, and deadly injuries (including actual death *shortly after* vaccination) these victims were "only alive" to experience these wonderful side-effects, due to vaccines having protected them from infections that could've "killed" them.[54] However, vaccination *also* carries the risk of death. And our agencies have never counted the *number* of those deaths. An accurate numerical accounting of *both* the short and long-term risks, *must be made*

[53] This is true even if the majority of Pharma-funded "experts" have decided to blame all health problems on this Nation's failure to adopt *100% communist control* of our healthcare and hand 100% of this control *directly over to Pharma*.
[54] Tell that to the many parents whose recently-vaccinated newborns have died, and have "SIDS" designations on the death certificates.

available to the public, no matter *what* this means to Pharma profits and their distributors. Let the chips fall where they may. *We cannot continue* this wholesale slaughter of so many American people.

12. ***The Vaccinated Herd Does NOT Protect the Unvaccinated from Infectious Agents.*** [55] Injecting a person with infectious agents does not "sterilize" them, or render them "safe" to be around. It is generally understood that an individual's vulnerability to both the contraction of an infection, and/or injury of death from an infection, has two primary factors: (1) the person's state of health at the time of exposure, and (2) the size of exposure to the infectious agent. The structure of human body normally provides a measure of protection from larger exposures, i.e., the skin, mucous, and even digestive system, are barriers that are understood to reduce access and exposure levels. Piecing the skin for direct injected into the bloodstream changes *everything*. The injected *shedder*/spreader, and someone who's been "exposed", are not the same thing. A person can be naturally exposed, but not become infected *or* shed an infection to anyone else. A shedder/spreader, who has recently been injected, will only *increase* the number of people the infection is spread to, while also potentially increasing the level of exposure those around them will suffer.

It is a fact that vaccinated humans can, and do, asymptomatically shed/spread the very same infectious agents they've recently been injected with. It is understood that the single most dangerous person in any outbreak is the *asymptomatic* disease shedder/spreader, i.e., the "Typhoid Mary". This person might *appear* well, but is actually *very* infected internally, and therefore spreading large exposures to those around them. It is irrational to presume a disease-carrier who's wandering around spreading infectious agents for weeks, or even months after injection, offers *any* protective benefit to an unvaccinated person. *Quite the opposite is the truth*.

The theory that people who are shedding the infectious agents they've recently been injected with can protect others from being exposed to infectious agents is *wholly* illogical and there is not a shred of evidence to support it. Again, the allegation unvaccinated people expose others to infectious agents *because* they have not recently been injected *with those infectious agents*, is an upside-down, fun-house, lunatic's argument, with no basis in evidence or reason. Only the uneducated and/or Pharma-salesmen persist in it.

The idea a vaccinated person might be "immune" from that which he is spreading throughout the community, does *nothing* to support the absurd Pharma-argument the unvaccinated are *only* healthier than vaccinated people due to the protection conferred by the vaccinated herd. Unlike vaccine-exposure by direct injection, *natural* exposure typically leads to either an immune response effective enough to ward it off completely, (and never spread it), or, if the person is already in a weakened state, illness and likely self-quarantine, because that person will be too sick to go out and will know they could be spreading it.

[55] ***Studies show that Vaccinated Individuals Spread Disease*** Weston A. Price Foundation - https://www.globenewswire.com/news-release/2015/02/02/702199/10118172/en/Studies-Show-that-Vaccinated-Individuals-Spread-Disease.html

Deceiving people into believing that playing the vaccination-risk-roulette game is heroic because it protects the "collective" from disease-causing agents is a good marketing tool. It appeals to the virtue-signaling in all of us. But it's no less fraudulent a slogan than "vaccines are safe".

13. ***The unvaccinated are <u>more</u> likely to contract 'vaccine-preventable' infections.***
It is vehemently argued that the unvaccinated population contracts, (or expresses the contraction of) temporary 'vaccine-preventable' infections at a higher rate than those who are directly injected with these infectious agents. If the modern risks of "vaccine-preventable" infections are higher than the risks associated with vaccination, we would see *inferior* health outcomes in the unvaccinated population. But this is most assuredly *not* what the evidence shows us.

The idea that overall health and survival rates will be superior if these temporary infections are avoided through vaccination, or that the overall modern risks associated with these particular 'vaccine-preventable' infections are higher than the risks associated with vaccination, are assumptions without *evidence*. This is due to the complete lack of *numerical accounting* on the risk-side of vaccination theory from those who make the claims.

Our Mr. V is *not* being surveilled *or* tracked by the VAERS. When tracking a known killer, a failure rate of over 99% hardly qualifies as 'surveillance'. The Control Group study-model supplies a swift and concise remedy to this lack of numerical accounting, thereby making the risk/benefit ratio evaluation *possible*, both for individual considerations, and to inform vaccine-related public health policies <u>with actual *DATA*</u>, rather than with a multitude of numerically unsubstantiated slogans and irrational theories from the "experts". [56]

[56] Vaccine inserts typically include warnings that the prescribing doctor must first "carefully evaluate the risk-to-benefit ratio" of vaccinating their patient. However, this instruction has never *once* been followed. This is because the term "ratio" is one of *math*. It requires *numbers* for an *equation* and a "ratio" (the answer to the equation) can only be expressed in <u>*numbers*</u>. The science of math is not premised upon slogans, guestimates, or opinions. Subjective opinions and slogans, no matter *who* they come from, are incapable of replacing *numbers* when calculating, let alone *evaluating* a "ratio" of anything. Weighing a risk/benefit ratio requires a *numerical scale*, regardless of the number of PHDs held by the "experts" attempting to "evaluate" some non-existent "ratio", from an accounting that's *never* been done, i.e., that's never been *numerically* expressed. Where exactly are the NUMBERS that are *required* to express the risk/benefit ratio? They have none. This "risk/benefit ratio" talk is merely an attempt to make it appear as if some form of 'scientific' process might support the theory vaccines are "relatively safe". Again, relative <u>*to what*</u>? Relative to the health outcomes observed in the 99.74% vaccinated herd perhaps?

Chapter 5

TOTALS SURVEYED [57]

Number of American States Surveyed: **48**
Throughout the Forty-eight (48) states, or 95% of the American States, a total of 1,482 qualified (unvaccinated post-birth) parties were surveyed. The only two (2) States that were not surveyed, were Iowa and Mississippi. [58]

Total Surveyed (All Countries Sampled): 1,544
Including the surveys from 5 other Nations, a total of 1,544 qualifying surveys were completed. All qualified reporting parties affirmed that the subjects were unvaccinated at the time of their reports and they provided observed data on both their historical and current diseases, disabilities, mental and developmental conditions, and total deaths within each family, in those who were unvaccinated.

[57] The only exclusion criterion for participation was that the subject must not have been vaccinated at any time after their birth.
[58] Due to the longer history of enforcement of harshly discriminatory laws against the unvaccinated in these two states, (relative to the rest of the USA) and the lack of responses from these two states after sending out repeated notices covering the entire USA, it appears the numerical value of those who would have qualified for this survey, in either of these two states, has become too small to quantify within those states, i.e., the number of entirely unvaccinated in these two states is so close to zero that it would have little, if any, meaningful statistical relevance to this study.

Chapter 6

USA: SAMPLE/FRACTION RATES

1. **Population of Interest Defined & Sample/Fraction Rates For Unvaccinated in the 48 States Surveyed within the USA**: [59] [60] [61]

(a) All ages: [62]
Sample/Fraction of unvaccinated surveyed, all ages:……**0.178%**
Calculated number of entirely unvaccinated of all ages living in the 48 states surveyed in the USA during the survey period: **832,521** Total number surveyed: **1,482**

(b) Over 18: [63] [64]
Sample/Fraction of unvaccinated over 18 years surveyed:……**0.2%**
Calculated number of entirely unvaccinated over 18 years living in the 48 states surveyed in the USA during the survey period: **105,034**. Number over 18 years surveyed: **210**

---

[59] At the outset of this study, less than 1% of the American population was assumed entirely unvaccinated. This early estimate has been calibrated for precision, (varies by the cohort ages that are grouped) based upon all relevant factors, including (1) lower population levels in prior decades relevant to the birth years of those surveyed, and; (2) changing rates of complete vaccine avoidance in the USA (according to the most authoritative data available) averaged over the relevant years within the relevant age groups, and; (3) newly-acquired data on historical rates of total vaccine avoidance in the USA as applied to the relevant birth years of the target population/s for study.

[60] The bottom rate of 0.042% entirely unvaccinated in the USA was increased for those over the age of 18 years during the survey period, as factored with the 14 year increase from 0.3% to 1.3% by year 2015 (per CDC statistics) in those under 18 during those years. The yearly rate of increase between 0.3% and 1.3% between 2001 and 2015 was averaged and applied to the relevant birth years of those surveyed in those age groups. There is a lack of additional relevant data from which to make further adjustments for the entirely unvaccinated population, other than those observations which demonstrate the rates of vaccination in all ages, and in particular for those under the age of 18, sharply increased, and continued to rise, through 2016 to 2020 due to new laws in many states which codified the enforcement of harsh discrimination against those who decline vaccination.

[61] NOTE: The target sample/fraction calculations of the population do not include the populations of Iowa and Mississippi, which are the only two states not surveyed, representing a reduction of 1.86% of the total population assumptions for the USA. Due to the longer history of harsh enforcement of discriminatory laws in these two states, as well as the lack of response to this survey in these locations, it can be safely assumed that the percentage of entirely unvaccinated in these two states is very close to zero value. Addition of a similar rate of entirely unvaccinated for Iowa and Mississippi, (as was found to exist in the other 48 states), produced an increase of 1.86% in the size of the population of interest. But this was too small to increase the width in the error of the interval *or* lower the confidence level of the calculations for the total surveyed in the USA.

[62] All sample rates are adjusted for historical population growth and the adjusted increase in the rate of entirely unvaccinated in the relevant age group where applicable.

[63] 14.17% of those surveyed in 48 states, were 18 and older. This produced a rate of entirely unvaccinated over the age of 18 of .042% during the survey period, which was also calibrated against the CDC reports of 0.30% of unvaccinated infants in 2001, which established an upward trend of increasing vaccine avoidance at, and before 2001. This resulted in a regression model for prior years, which, for purposes of this study, was assumed at a representative value no lower than the actual observations.

[64] Calculation is based upon (1) the lower population of those over 18 years in 2001, increased by the average yearly population increase in this age group and; (2) the percentage this population represents within the total population of all ages, (including variances) and (3) the calculated percentage of the population that was entirely unvaccinated with a birth-year before 2001.

(c) Under 18 years: [65]
Sample/Fraction of unvaccinated under 18 years surveyed:……**0.175%**
Calculated number of entirely unvaccinated under 18 years living in the 48 states surveyed in USA during the survey period: **727,487** Number surveyed: **1,272**

2. **Breakdown of American States:**
Of particular interest are the two States which produced the highest sampling rates in the USA, specifically, California and New York. The highest number surveyed within one state is California. However, the sample-rate is slightly lower for CA than for the smaller population size of NY. The advantage in the CA results, is that there is a more evenly-distributed geographic sampling throughout the entire state, with surveys from San Diego, LA, (and surrounding areas), Northern CA, including various cities in and around the Bay Area, Sacramento, Northern Sierras, and Redding.

In California, the highest number of surveys came in from the most populated cities and areas, producing an assumption that the dataset from CA would likely represent the most accurate representation of the health of entirely unvaccinated living in CA. Of course, the assumption could also be made that for some as-yet unknown reason, the unvaccinated living in CA are *slightly* healthier than the unvaccinated living in New York, and/or the other 46 states. New York State came in at the next-highest number of total surveys for one state. Regardless of the higher sample rate for NY, (due to lower state population) the results were not as evenly distributed geographically throughout New York, as where those from CA.

3. **Sampled States:**
CA Total Surveyed:**633 -** as percentage of all USA Surveys: **42.71%** - Mean: 36 =5.69%
NY Total Surveyed:**364 -** as percentage of all USA Surveys: **24.56%** - Mean: 22 =6.04%
Other 46 States:…..**485** - as percentage of all USA Surveys: **32.73% -** Mean: 30 = 6.18%

4. **Mean (Average): 5.97224%** (Those unvaccinated with at least 1 condition)

Standard deviation:……0.2568
Variance(Standard deviation):……0.06595
Population Standard deviation:……0.20968
Variance(Population Standard deviation)……0.04397

[65] Calculation is based upon CDC estimates of the increase in entirely unvaccinated population from 2001 to 2015, (from 0.30% to 1.3% for infants) (2) the average yearly increase in overall population up to the survey period, and; (3) the percentage the age group represented within the entire population at the year of birth.

5. **CALIFORNIA - SAMPLE/FRACTION RATES:**

CA Stats: [66]

1. - 2020: Total CA Pop**: 39.78 million 2020**
2. - Average % of pop under 18 years: **22.5%**
3. - Average % of pop over 18 years: **77.5%**
4. - 2001 CA Pop: **34.48 million**
5. - 1946 CA Pop: **9.559 million**
6. - 1946 to 2020 pop increase: **316.15%**
7. - 2001 to 2020 pop increase: **15.37%**
8. - 2001 to 2015 averagely yearly rate increase in % of unvaccinated infants: **23.809%**

Sample/Fraction Rates for Entirely Unvaccinated Population calculated to be living in CA during the survey period:

All ages in CA:
Sample/Fraction surveyed for CA all ages……**0.517%**
Unvaccinated (post-birth) in CA during survey: **122,496 -** Number Surveyed: **633**

CA Over 18:
Sample/Fraction rate for over 18 years in CA……**0.691%**
Unvaccinated (post-birth) in CA during survey: **13,034** Number surveyed: **90**

CA Under 18:
Sample/fraction rate for CA under 18 years……**0.496%**
Unvaccinated (post-birth) in CA during survey: **109,462** Number surveyed: **543**

6. **NEW YORK STATE - SAMPLE/FRACTION RATES:**

NY All Ages:
Sample/Fraction of unvaccinated surveyed in NY……**0.652%**
Unvaccinated (post-birth) in NY during survey: **55,853** Number Surveyed: **364**

NY Over 18 years:
Sample/Fraction of unvaccinated population over 18 years in NY……**0.743%**
Unvaccinated (post-birth) in NY during survey: **6,460** Number surveyed: **48**

[66] As an example of the values and equations applied to the calibrations and consequent adjustments made for the younger unvaccinated population, these are the assumptions and the progression for CA: With 22.5% under the age of 18 in CA in 2001: 7,758,000 is then reduced to 0.30% -(per CDC unvaccinated rate for 2001) = 23,274 which is then increased by the average yearly rate of population increase of 0.781383563% (of 23,274) 181.85921045262 - multiplied by 19 years (to 2020), for an increased unvaccinated population of 3455 including pop value from 2001, which is a total of 26,729 . Factoring in the average yearly rate of increase in the % of unvaccinated between 2001 and 2015 - at an average yearly rate of increase of 333.33333333% over 14 years = (23.809523807% of the 2001 population value) results in an adjusted unvaccinated population-increase of 6364.047618373031 per-year multiplied by the years of increase in the number of unvaccinated between 2001 and 2015 according to birth year (with year 2001 already captured at a rate of .3%) resulting in 82,733 then added to the unvaccinated population of 2001 of 26,729 = 109,462 entirely unvaccinated under 18 years living in CA during the survey period. Under 18 years surveyed in CA: 543 Sample/fraction rate for CA under the age of 18, at 0.496%

NY Under 18 years:
Sample/Fraction of unvaccinated population surveyed under 18 years in NY…….**0.639%**
Unvaccinated (post-birth) in NY during survey: **49,393** Number surveyed: **316**

7. **FOREIGN SURVEYED:**
There were five (5) Nations surveyed, with a total of sixty-two (62) foreign surveys. The foreign sampling rate within each country, or even as a combined-group, is negligible and of limited value, standing alone.

***Breakdown of Foreign Nations*:**
There were five (5) foreign countries surveyed: Canada: 27 surveys, UK: 24 surveys, Ireland: 5 surveys, Australia: 3 surveys, South Africa: 3 surveys. Of the 62 foreign surveys, five (5) or **8.06%**, reported at least one health, developmental, or mental condition. The foreign surveys are of negligible value standing alone, but are added to the totals in certain (identified) categories as a buffer, to produce a more diversified/global perspective on health outcomes for the unvaccinated controls.

8. ***Probability Sampling:***
In probability sampling, one begins with a sample frame of all eligible individuals, and implements the approach for sampling from this population that provides an equal chance any of them might take part in the survey. Typically, the selection must occur in a 'random' way, meaning that they do not differ in any significant way from potential observations not sampled. One must first accept the fact that no surveys (other than compulsory) produce participation that includes anyone *other than* those who self-selected after learning of the opportunity to participate. And this is where the researcher makes a determination as to the likelihood a person's proclivity for participating in surveys will affect the specific data sought to be collected. Normally, the answer is assumed to be negative.

For example, exit polls from voters aim to predict the likely results of an election. There are no participants in such surveys that are not "self-selected". The data produced by such surveys is then, ideally, cross-referenced and audited to detect inconsistencies that may reveal confounders if they exist, and to enumerate those errors. In the Control Group survey, the methods employed were those most likely to produce a robust sample size as well a random *result*, which was achieved. Auditing and cross-referencing this data measured existing deviations from the sample means, producing values of reliability that numerically demonstrate the extent to which this sampling contains an accurate representation of health outcomes for the total population of interest.

9. ***Probability of Participation and Effect on Results:***
Several factors guided the strategies employed to obtain cooperation from, and access to, the health data of a substantial sampling of the entirely unvaccinated population in the USA. Due to the extremely low percentage of the population of interest, coupled with their geographic distribution throughout the USA, certain methods that might be employed in research efforts aimed at the general population were not applicable, and/or were not

likely to be effective at producing a robust sampling. It is expected that a larger sample is likely to produce a more accurate dataset, so this objective was an imperative as well.

Pew Research reports that phone selection by randomly-generated numbers have a response rate of less than 6%, *after* a person has been identified as available at the number called. And in the case of our particular target population, only 1 out of approximately every 400 persons contacted, (who would have been 'selected' for contact) would have any chance of being unvaccinated. And of course, we would have to start by reducing this likelihood to only 6% of that number in any case, leaving us with a likelihood of connecting with our population of interest for survey at less than 0.015% of the attempts made. [67]

Given Pharma's rampant slander campaigns and very-effective push to enact increasingly severe discriminatory laws against this minority who refuse to inject their products, it is logical to assume there would be *very few* unvaccinated (who might ever be contacted in the 1st instance, at less than 0.015% of random attempts), who would be willing to admit they or their children are unvaccinated *to a complete stranger over the phone*. The potential response rate with such an approach would've been dismal, and the attempt futile. It was clearly not a feasible method for obtaining a robust sample of this tiny and geographically-diverse population, particularly since these people have been persecuted and forced into isolation and secrecy.

Because such 'selection' processes were not feasible here, novel methods by which the objective could be met were employed, i.e., a robust sample constituting a solid representation of the health of the entirely unvaccinated population throughout 48 U.S. states was achieved. Narrowing the issues down by answering certain questions about the specific data sought, and other factors, determined the extent to which the considered, and ultimately-chosen methods would affect the outcome. In other words, if the chosen methods would have no effect on the 'randomness' of the specific data sought to be collected, and would therefore not adversely affect the probability that this data would represent the population *not* surveyed, then those methods would be employed, and they were employed.

10. ***Bias***

The first potential bias issue addressed was that of bias against vaccines. Those who've managed to avoid vaccines altogether are clearly biased against vaccines. It is also likely that many who've found they *cannot* make the sacrifices required to avoid vaccines, i.e., state-enforced discrimination through denial of equal opportunity and equal protection under the law, are also biased. These people might also *prefer* to make their own medical choices, and not face serious discrimination, loss of progeny to the state, or criminal charges as retribution for having done so. It is highly improbable there are *any* unvaccinated in the USA who wish they *could've* gotten a vaccine, but who could not locate any way to do so. Safeway and Albertson's, as well as many other distribution-centers, will inject vaccines for "free" without a prescription, both to the uninsured, and the

[67] ***Response rates in telephone surveys have resumed their decline -*** https://www.pewresearch.org/methods/u-s-survey-research/our-survey-methodology-in-detail/

underinsured, at the taxpayer's expense. These subsidized programs even offer coupons for "free pizza" or "20% off your purchase today" for those who agree to be injected with taxpayer-subsidized pharmaceuticals. [68]

11. ***Bias and Potential to Alter Health Outcomes***

Is it likely that a preexisting bias against vaccination, standing alone, is capable of altering biological health outcomes? Can bias *alone* affect the health outcomes of newborn infants injected with vaccines or the K-shot? Can bias *alone*, alter whether or not the unborn child whose mother was injected with vaccines during the pregnancy, will have serious defects and/or other health problems? Is it likely that one who distrusts vaccines, and so avoids them, would have different biological health outcomes than those who trust vaccines, *solely* due to beliefs about vaccines? Is a person who trusts vaccines, and therefore believes they've improved their health by injecting them, any *less* likely to practice good nutritional and other health-habits than a person who does *not* believe vaccines are safe? Is a child whose parents trust vaccines, any more vulnerable to diabetes or thyroid disorders, than the child of a parent who does not trust vaccines?

The obvious answer to all of the questions in this last paragraph is "no". We have no reason to believe that a bias against vaccines, *standing alone*, is capable of altering the health outcomes observed in the entirely unvaccinated population, nor is a bias *for* vaccines, standing alone, likely to have altered the health outcomes observed in the 99.74% vaccinated population. There is absolutely no reason to believe the health outcomes of people who are educated enough to understand that vaccines are not actually "safe" would be any different, merely because they know the truth. Certainly, there is no reason to believe that unvaccinated people would have lower rates of brain damage, immune system disorders, and deaths, merely because they happen to know vaccines are fully capable of causing these things.

12. ***Auditing the accuracy of reported health outcomes:***

It was assumed that if there were any notably large divergences in the averaged reported health outcomes across variables, as measured against the pooled subsets across geographically diverse participants, this survey data would not be a fair representation of the health of the entirely unvaccinated population in the USA who were not surveyed, - and that, other factors or confounding elements would have affected the results, i.e., inaccurate reporting, inaccurate data-entry, or perhaps the chosen methods of notifying and surveying the population of interest had not been random enough to produce an accurate representative sample. However, in this instance, the standard deviation of the sample mean across 48 states, exposed an *extraordinary* level of reliability for this dataset as evidenced by the minimal error range. [69]

[68] *Public Health and Pharmacy Collaboration:* https://www.astho.org/Infectious-Disease/Pandemic-Influenza/Public-Health-and-Pharmacy-Collaboration-in-an-Influenza-Pandemic/

[69] See Chapter 7, "Accuracy"

13. ***Reporting Bias***
Whether or not the entirely unvaccinated in the USA might misreport their health outcomes (due to bias against vaccines) was also carefully considered. Consistency values were audited to determine what effect this, or any other potential confounder, had on the dataset. The only logical and effective method of placing an accuracy-of-reporting value on the survey data, is to employ cross-referencing and auditing models to locate inconsistencies, or any patterns of inconsistency, after completing data collection and input. Due to the broad geographic coverage (across 48 states) and robust sample rates for the target population in the USA, the data for these comparisons and audits were substantial, and produced a high degree of consistency across randomized variables.

One method employed to determine reporting accuracy, was the comparisons between the pooled datasets, two from the highest sampled states, CA and NY, (the largest populations on opposite sides of the continent) and pooled sets from the unvaccinated populations in all other 46 states surveyed. The sample means for each pooled set were then analyzed for consistency and deviations. The standard deviation from the sample means of 5.97, yielded a 99% confidence level in the interval between 5.95 & 5.99. This dataset represents an *extremely* close representation of health of the unvaccinated population living in the USA in 2019/2020.

If inaccurate health reports were made, they were extremely minimal, as reflected in the standard deviation values across the stratified subsets of the pooled data. Or to put it another way, it would have been impossible for these reporters, in all of the pooled subsets *across 48 states*, to have coordinated their *level* of misreporting so consistently with one another, that it could have produced a standard deviation as small as is seen for this dataset. It does appear these reports carried a *very* high level of accuracy and that the sample was more than adequately randomized to represent the population of interest that was not surveyed.

14. ***"Selection" vs. Self-Selection***
In any survey, all those surveyed are "self-selected" unless participation is compulsory. After 100 attempts to locate a participant, a surveyor might *finally* get a person to answer a randomly-selected phone number, and then cheerfully announce, "You've been selected to..." – only to have the vast majority of the "selected" (i.e., the few who answered the phone) hang up, because they hate answering surveys. And the same goes for "junk mail" surveys received and tossed in the trash. The only people who participate in surveys are people who don't mind participating in surveys. To this extent, participants are ultimately *always* 'self-selected'. The surveyor is hoping, and the potential participant *is the one choosing*. But is there any evidence such proclivities (liking surveys or hating them) will affect actual health outcomes? Most health surveys commissioned by our government agencies logically assume the answer is no. [70]

[70] National Survey or Children's Health -NSCH Data Brief – October 2019: "Survey participants complete either web-based or self-administered paper-and-pencil questionnaires." AND: "Who completes the survey? The NSCH is conducted as a household survey, and the respondent is a parent or guardian with knowledge of the sampled child." AND: "How many households participate in the NSCH? In 2018, parents completed age-

In this instance, due to the extremely small minority of the entirely unvaccinated population in the USA, it was necessary to do an assessment of the potential effect on the resulting data, and to use the most effective methods of notifying potential participants to make them aware of the opportunity to participate. Ultimately, notices on social media, podcasts, and radio (those having viewers/listeners from all over the Nation, and even in other Nations) as well as in-person surveys in key population centers, were the methods deployed, due to the probability these methods would produce a more robust, and therefore more accurate, representative sample of the population of interest.

15. ***'Random' by any other name:***
To establish the probability of producing a random sample result, and how deviations in the randomness of the sample could affect the accuracy of the data (as a representation of the unvaccinated population in the USA) the probability of differing health outcomes between these groups were analyzed as follows: (1) an entirely unvaccinated person, (or parent of same) who happened to be listening to a radio show on Tuesday rather than Thursday, or maybe one that doesn't listen to that show at all, as opposed to an unvaccinated person listening to the show on another day, and who therefore heard about the survey, and; (2) the same considerations as applied to an unvaccinated person who happened to be checking social media when a notice about the survey was visible in the feed, as opposed to one who missed that same notice, (3) which led to the conclusion these 2 factors would not likely make any difference in how healthy, or unhealthy, an unvaccinated person, or their unvaccinated child, might be.

Or to put it another way, there is no logical reason to believe the unvaccinated people who missed the nationwide Control Group survey notices, and therefore never responded, and those who did see a notice, but who never answer surveys anyway, would have different health outcomes than those who did see/hear a notice and did participate. "Kansas-Nancy's" unvaccinated child is not going to be any healthier, or less healthy, than "Wyoming-Naomi's" unvaccinated child, merely because Nancy missed the radio show and never heard about the survey, and/or she saw it, but Nancy doesn't ever answer surveys. It is illogical to assume such factors could affect observed health outcomes.

The likelihood that "Nancy" would have an opportunity to participate depended upon her social media habits or the radio programs she listened to. But it would not increase or decrease her chances of participation over Naomi's chances. And here, the surveyor was blind to who was choosing to participate by these means, i.e., the surveyor was unable to know who might see the notices, so the surveyor's own bias was *unable* to affect who participated. In the end, the dataset produced confidence intervals that demonstrate the desired randomness was clearly achieved.

---

specific questionnaires for 30,530 children. These data can be combined with an additional 21,599 children from 2017, representing a combined total of 52,129 children in 2017-2018." NOTE: This study did not report health data for those under the age of 3 years, which represents approximately 22.3% of those under the age of 18. https://mchb.hrsa.gov/sites/default/files/mchb/Data/NSCH/NSCH-2018-factsheet.pdf

16. ***Form over Function in Random 'Selection'***
Although selection can be random, random is not *equivalent to* 'selection". A plane could fly over a city at noon with a banner, (advertising a survey with a website address) and those who see it could be random, (at least within the city it flew over). But it might not capture those who work a graveyard shift. However, if the data of interest is not likely to be affected by the shift one works, the data captured by the responses can produce a random sample, even though nobody knocked on anyone's door or called them up directly in an attempt to "select" them. A random sample can be achieved without surveyor selection. And surveyor selection can actually *introduce bias* that would otherwise not be present. Voluntary-participation (self-selected) surveys do result in the end goal of a representative sample population, in spite of the fact the surveyor has no control over who will choose to participate, and regardless of the method by which they notified people of the opportunity to participate. If this were not so, no voluntary sample survey could be counted as representing any population of interest. And this is the *reason* for auditing the dataset to determine whether it exposes a truly random *result*, or something else.

Institutionally-accepted methods for 'selection' sampling are not the only means by which a survey can result in a reliable representative sample, i.e., a random result. There are many methods of reaching a population of interest in a broad and random manner in order to increase the sample size, and thereby increase the accuracy of a dataset. The results produced are the imperative.

Rather than making form the master, the Control Group survey deployed the means which had the highest probability of achieving the most accurate *results* through the most logical methods available. And because these methods were engineered to produce a random *result*, i.e., it is equally probable that unvaccinated Nancy or "Wyoming Wilma" listen to radio and/or follow social media, this objective was achieved. This dataset confirms this objective *was* met, i.e., a robust sampling of the entirely unvaccinated population in 48 states, with a narrow sample mean deviation, demonstrate that participation of this sample produced a tightly consistent *outcome* within the population of interest. It has been found that this unvaccinated population shares *very* similar health outcomes across the 48 states surveyed, *far too consistent* to have been mere coincidence.

Chapter 7

ACCURACY

1. **ENTIRE USA Sample:** [71]
Based *solely* upon the finite population of interest and the sample size, the confidence that the margin of error would not exceed ±3.343% stood at 99%. [72]

2. **Sample Standard Deviation: 0.25239** [73] [74] [75]
However, the sample means established from the actual dataset, resulted in a sample standard deviation of 0.25239 across the 48 states surveyed. This level of accuracy would not be evidenced if confounders had impacted this survey in any meaningful way. This evaluation of the dataset produced a 99% confidence level that the sample mean (for those who reported at least 1 condition, which is the basis for the sample mean) represents the unvaccinated population between the values of 5.95 and 5.99.[76]

3. **Confidence Level:** 99% **- Interval:** (5.95, 5.99)
The elements which exemplify the validity of the Control Group representative sampling include, but are not limited to, three major factors: (1) the robust sample size of this finite

---

[71] Finite population factor is calculated as described below, and only for the USA where the population of interest could be calculated with any level of accuracy at this time. The simple MOE assumes no dataset is yet available with which to evaluate the accuracy of a study. The MOE is an estimated margin of error, and does not express the convergence found in the standard deviation of the sample mean, which is evidenced by the actual dataset, i.e., as evidenced by results achieved. The confidence interval values reflect the more precise measure of accuracy contained in the dataset as a representation of the population of interest who were not surveyed.

[72] This represents a percentage value by which the sample results would be expected to deviate based *solely* upon a sample of this size, within the finite population of interest. This means the sample mean, (of those reporting at least 1 condition) would be expected to possibly reduce, or increase, by 3.343%. In this instance it would cause the sample mean to decrease to 5.74, or increase to 6.14. The margin of error (with finite population correction, but *without* calculation of the standard deviation of the sample means) is **±3.343%.** *With* inclusion of possible unvaccinated population of Iowa & Mississippi at an increase of 1.86%, where: z = 2.576 for a confidence level of (a) 99%, 0 = proportion (expressed as a decimal) N = population size, n = sample size. z = 2.576, p = 0.5, N = 84006, n = 1482 - MOE = 2.576 * √0.5 * (1 – 0.5) / √ (848006 -1) * 1482 / (840006 – 1482) - MOE = 1.288 / 38.53 * 100 = 3.343%. The margin of error with finite population correction (FPC = $((N-n)/(N-1))^{1/2}$) is **±3.343%** This represents a percentage value by which the sample results would be expected to deviate based *solely* upon a sample of this size. This means the sample mean, (of those reporting at least 1 condition) would be expected to either be reduced, or increased, by 3.343%. In this instance it would cause the sample mean to decrease to 5.74, or increase to 6.14.

[73] The population is finite here, therefore if the finite population correction is made, the standard error of the mean of the sample will tend to zero with increasing sample size, because the estimate of the population mean will improve, while the standard deviation of the sample will tend to approximate the population standard deviation as the sample size increases. Based upon the standard deviation of the pooled samples, the confidence interval more accurately reflects the reliability of the *actual* data/results obtained by this survey. The sample standard deviation is calculated as $s=\sqrt{\sigma^2}$, where: $\sigma^2 = (1/(n-1))^* \sum^{n}_{i=1}(x_i-\mu)^2$, μ is the sample mean, n is the sample size and $x_1,\ldots,x_n$ are the n sample observations.

[74] Based upon the standard deviation of the pooled datasets.

[75] The following formula was used for the confidence interval with finite population correction, ci: $ci = \mu \pm Z_{\alpha/2}*(s/\sqrt{n})*\sqrt{FPC}$. Short styles without finite population correction: 5.97 (99% CI 5.95 to 5.99) 5.97, 99% CI [5.95, 5.99] Margin of Error 0.0169 – MOE to more digits: 0.01689

[76] Rounded.

population of interest; (2) 48 state coverage, and; (3) the consistency of the sample mean (small deviation) between pooled datasets, comprised of (a) the two highest populated states in the USA, which are on *opposite* sides of the continent, and (b) the randomly split datasets from the other 46 states. This confirms that any confounders that were present, had an *extremely* limited effect on the accuracy of the dataset as a representation of the health of the entirely unvaccinated population living in the USA in 2020.

The effects of any confounders are very limited, and are here numerically defined, i.e., any effects that bias, limits in the randomness of the sample, inaccurate reporting, data-entry flaws, etc., may have had on the dataset, are here fully exposed in the divergence audits and confidence intervals.[77]

4. **Additional Cross-reference:**

a. CA Random Split: Confidence 99%, Interval (5.59, 5.79)
b. NY Random Split: Confidence 99%, Interval (5.91, 6.18)
c. NY & CA: Combined and Random Split: Confidence 99%, Interval (5.85, 5.89)
d. 46 States: Random split: The standard deviation of the sample means across 46 states exposed *no* error, i.e., Confidence 99%, interval (0.00, 0.00). NOTE: Simple calculation of the MOE of this pooled set, as a separate dataset *without* the sample means produced 95% confidence MOE of **±**4.448%, i.e., 95% confidence that the sample mean would be expected to rest between 5.78% and 6.31%. [78] [79] [80]

---

[77] Processing errors were also kept to an extreme minimum by filing number assignments and continual reference to the original hard-copy surveys in case of discrepancies requiring correction, along with follow-up phone, and/or email interviews for clarification and precision of the data-set. Post-marked envelopes are also kept securely in the file with each mailed-in survey, and were used to validate and audit the location of the respondents and the date of mailing.

[78] The additional 46 States were pooled and split randomly to produce pooled sets. An *identical* number within each set reported at least one (1) condition. Therefore, there was no deviation of the sample mean between these pooled sets across 46 states. The simple MOE calculated *only* upon the population of interest and the sample size of it, produced a 95% confidence MOE of **±**4.448%. That is to say that, with a sample mean of **6.043956044**% (mean being at least 1 condition reported) of which 4.448% is 0.26883516483712%,, the sample mean would not be expected to vary beyond 5.78% at the lowest, and 6.31% at the highest, (rounded). The level of accuracy estimated solely upon the finite population and sample produces a MOE that should not be mistaken for the accuracy of the *actual dataset results.* Again, *no* deviation was found in the 46 states when randomly split.

[79] Convergent validity is seen in the degree to which the two highest sampled states produced similar outcomes, which when combined, are also closely aligned with the compilation of smaller-sampled 46 states surveyed. This consistency is also seen when the pooled datasets are cross-checked in various other pooling combinations, i.e., either of the two highest-sampled states combined with one another and compared against the 46 states, and/or when one of these high-sampled states are combined with the 46 states and compared against the remaining highest sampled state. Other combinations with split datasets within the 46 states, along with splitting of the highest-sampled states for recombination into new pooled sets for comparison were also made. These exercises only reduced the intervals, or they remained the same. All combinations fell within a very small deviation. The pooled sample combination used to produce the final confidence interval (for the entire survey sample dataset), was the combination that produce the *widest* interval within the 99% confidence level.

[80] Cohen's d is typically employed to enumerate statistical differences in results as a comparison to a control group, and an exposure group. In this instance, the differences in the outcomes between the unexposed and exposed, in every category of condition, are staggering on their face. (See Health Risk Comparisons later in

Chapter 8

NUMERICAL HEALTH RISK VALUES

1. **BASIC GUIDE:** Percentages are rounded up and therefore groups may not total 100% of the total risk values for grouped risk factors. These outcomes are also presented in various subsets to enumerate the total risk factors for each category of condition reported as it relates to the specified exposures. Certain risk factors for comparatives against the 99.74% vaccinated population in the USA are also made available without the foreign survey data included, (where defined) in order to accommodate the most commonly-stratified subsets of age-appropriate cohorts made available in our published National statistics. Certain identified risk factors are also presented according to all age groups combined.

These values include all reported conditions of which the raw data is comprised. The fact a certain condition is not reported at all within this sample, ("0.0%") is not intended to indicate the risk of that condition is literally *zero* within the unvaccinated population. If a condition does not appear in this report (and is given a risk-value of 0%) it is because that condition was not reported in any of those surveyed. Therefore, the risk factor for that condition can be assumed as *infinitesimal*, i.e., too small to locate with this sampling of the unvaccinated population, in spite of the robust sampling rates and low standard deviation within this dataset. Basically, this means it is truly an *extremely* rare condition in the entirely unvaccinated population.

2. **USA Overall Risks Associated with Vaccine Abstinence (post-birth):**

1. USA - at least 1 condition reported in all age groups (88 of 1,482)……..**5.94%**
2. CA - at least 1 condition reported in all age groups (36 of 633)……..**5.69%**
3. NY - at least 1 condition reported in all age groups (22 of 364)……..**6.04%**
4. CA and NY combined reported with at least 1 condition (58 of 997)……..**5.82%**
5. 46 Sates combined (not including CA & NY) at least 1 condition (30 of 485)…..**6.19%**

3. **Total Including Foreign:**
Out of 1,544 reports, (both foreign and domestic) ninety-three (93) subjects, or **6.02%** in all age groups, were reported to have at least one health, developmental, or mental condition.

The higher rate of reported conditions from foreign Nations are added to certain portions of the risk-factor assessments herein, (where identified) as a buffering measure to more accurately establish potential global health outcomes with total vaccine abstinence, including deaths and health-related injuries. The inclusion of this group (within the

---

this report.) There can be no argument these disparities are *lacking* in statistical significance. In analyzing this dataset of controls, Cohen's d was found to be useful in another context, as an additional measure of accuracy, and was run on the pooled datasets for the purpose of determining the 'significance' of the deviations/variances, i.e., to help quantify potential *errors* within the dataset. Cohen's d = -1.373 (trivial effect size) calculated as follows: Cohen's d is calculated as follows: Where $M_1 = 5.8655799175$, $M_2 = 6.1099796334$, $SD_1 = 0.25226193729988$, $SD_2 = 0$ - d = (5.8655799175 – 6.1099796334) /0.178, $SD_{pooled} = \sqrt{[(0.25226193729988^2 + 0^2)/2]} = 0.178$ d = -0.244 / 0.178 = -1.373 So, d = -1.373

identified versions of the stratified subsets) is provided to more accurately reflect overall total health outcomes associated with vaccine abstinence, (and/or abstinence from 2 other potentially-confounding, but-directly-related pharmaceuticals) across all factors, regardless of race, gender, lifestyle, income, culture, or geography. The objective of this study is to enumerate health outcomes associated with the avoidance of vaccines, and two other pharmaceutical products, i.e., the actual physical/biological *effects* of this behavior, as reflected in observed *health outcomes*.

Chapter 9

VITAMIN K-SHOT & MATERNAL VACCINES [81] [82]

1. **Identifying and Isolating Exposures**

To identify and/or eliminate all obvious confounding biological elements, such as direct injections with certain *other* vaccine-related pharmaceuticals, in addition to a complete lack of post-birth vaccinations, this survey requested specific data on exposure to both maternal vaccines and K-shots at birth. This also facilitated the enumeration of health outcomes associated with avoidance of these two additional medical interventions, in

[81] The American Academy of Pediatrics (AAP) estimates that in 2015, 0.6% of babies did not get the vitamin K shot at birth. ***Factors Associated With Refusal of Intramuscular Vitamin K in Normal Newborns*** - Pediatrics August 2018, 142 (2) **e20173743; DOI: https://doi.org/10.1542/peds.2017-3743 - At:** https://pediatrics.aappublications.org/content/142/2/e20173743 ALSO: In the *Scientific American*, Clay Jones, a pediatrician specializing in newborns at Newton–Wellesley Hospital in Massachusetts, complained that mothers who refuse the K-shot are *also* less likely to allow pain-killing drugs to be inserted into their spine (epidural) during labor, and are more likely to breastfeed. Jones spent considerable space venting his frustrations at the increased level of "breastfeeding" these nasty "drug-refuser" mothers engage in. Of course, Jones presented *no studies or numbers* to support his theories that breastfeeding is bad for babies. This article is a marketing tool for pharma. Healthy patients are a bad business model for the pharmaceutical/medical industrial complex. Breastfeeding leads to healthier children and this is *why* the article did not stop at pushing pharmaceuticals. Scientific America: August 19, 2014 **"*More Parents Nixing Anti-Bleeding Shots for Their Newborns*"** https://www.scientificamerican.com/article/more-parents-nixing-anti-bleeding-shots-for-their-newborns/

[82] The vitamin K-shot contains aluminum, a powerful immune-system triggering/altering adjuvant, which is normally found in vaccines. The justification given for the presence of this vaccine-adjuvant in this "vitamin" injection, is that it's purported to "balance the PH". Ostensibly, the pharma-worker who developed the K-shot, and those who market it, could not locate any *safer* methods of "balancing the PH". Upon further research it was discovered that the PH of pure vitamin K is very close to aluminum, and if anything, the inclusion of the aluminum only worsens the PH balance of vitamin K. The need to "balance the PH" must be due to the *other* ingredients in the K-shot, including: propylene glycol, polysorbate 80, and benzyl alcohol. The justification for this vitamin/adjuvant/alcohol-injection being given to newborns (rather than giving babies real vitamin K orally) is the presumption that all parents are negligent and will fail to properly nourish their babies after leaving the hospital. So these babies are injected with enough vitamin K to last several months in *one* massive dose, which could be difficult for an *adult* liver to process. This routine is claimed to protect the baby from its presumably negligent parents, which the medical establishment assumes *all* parents are. The potential risks of this medical procedure are ignored entirely, and no database accounting of those risks are collected, or if they have been collected, such data has not been made available to the public. The following link provides a fine visual example of the gangrenous consequences of hyper-viscosity (where the blood in newborns "mysteriously" becomes too thick and clotted to permit blood-flow to the baby's limbs). These "scientists" claim they've no clue what might be causing this problem: http://ispub.com/IJPN/6/1/4227 ***Polycythemia and Hyperviscosity in the Newborn – Fairview*** - The resulting missing fingers and other "side-effects" (including liver-failure) suffered by infants who've receive massive doses of blood-clotting vitamin K at birth are shocking. *60% of newborn infants* now suffer from jaundice/bilirubin, which is an indication their *liver function has been impaired*. No matter how indicative jaundice is of liver failure, it's now so "common" that it's no longer considered "concerning". See: https://www.marchofdimes.org/complications/newborn-jaundice.aspx - The fact that it's become *so* common for newborn infants to suffer symptoms of advanced liver failure *should be* concerning, and only liars go on pretending to have no clue *what* is causing all of this liver damage and hyperviscosity in newborn infants. The vitamin K-shot *is* quite useful in helping to cover the bleeding-from-injury risks inherent to hospital births. ***Birth Trauma*** StatPearls - NCBI - January 15, 2020 - Vikramaditya Dumpa; Ranjith Kamity. At: https://www.ncbi.nlm.nih.gov/books/NBK539831/

addition to those conditions observed in those who've avoided all post-birth vaccine exposure.

2. ***Repeating Patterns according to exposures in the USA:*** [83]

a. For *all* ages, those with no exposure to any vaccines, (either pre or post-birth) and no K-shot exposures, accounted for 68.96% of all those surveyed (1,022 of 1482). **2.64%** of this unexposed group were reported with at least 1 condition (27 of 1,022).

b. For all ages, those unvaccinated (post-birth) ***with*** 100% K-shot exposure *alone* (no maternal vaccines) accounted for 28.88% of all those surveyed. **11.71%** of this group reported at least 1 condition (48 of 410).

b. For all ages, those unvaccinated (post-birth) ***with*** exposure to the K-shot, and/or ***maternal vaccines*** accounted for 31.04% of all those surveyed. **13.26%** of this group reported at least 1 condition (61 of 460).

c. For all ages, those unvaccinated (post-birth) ***with*** 100% exposure to maternal vaccines *alone* (no K-shot) accounted for 1.28% of all those surveyed. **21.00%** of this group reported at least 1 condition (4 of 19).

d. For all ages, those unvaccinated (post-birth) ***with*** 100% exposure to maternal vaccines (with or w/o K-shot exposure) accounted for 3.31% of those surveyed, (49 of 1,482). **24.49%** of this group reported at least 1 condition (12 of 49).

e. For all ages, those unvaccinated (post-birth) ***with*** a 100% rate of exposure to ***both*** maternal vaccines and K-shot accounted for 2.02% of all those surveyed. **30.00%** of this group reported at least condition (9 of 30)

f. For all ages, the total with exposure to the K-shot and/or maternal vaccines accounted for **31.04%** of all those surveyed, (460 of 1482). Strikingly, **69.32%** of those reported with at least 1 condition, were in this exposure group, i.e., 61 of 88 reported with at least 1 condition were in this exposure group.

[83] As you will notice later in the report, in the Risk Comparisons for each condition or disease within the age-group cohorts as well as those within each disease category, based upon the stratified exposure subsets, this increasing risk-value pattern (exemplified here) is extremely consistent, and *staggeringly* beyond chance. This pattern of graduating increase in risk, according to these subset exposures, holds an almost perfect pattern across almost all other variables. However, there are a minority of specific disease categories where maternal vaccine exposures *alone* appeared to have limited effect, such as in the risks of digestive problems, where the K-shot appears more specifically implicated. The one exposure that raised associated risks dramatically, in every sector where it could adequately be measured, was the maternal vaccine, in many cases raising the associated risks well *above* the National averages for the 99% post-birth vaccinated population. This is of ***extreme*** concern, as this *one* particular exposure (maternal vaccine) appears to have a much higher potential to destroy the health of America's next generation of children much *faster than any other type of pharmaceutical exposure.* The extraordinary level of this particular threat *cannot possibly be overstated*. Here, the author placed these concerns in the footnotes in furtherance of the obvious meaning of the numbers themselves, on the off-chance anyone is incapable of understanding what the implications of these figures are.

3. ***The term "Unvaccinated"***
This additional data (K-shot/maternal vaccine exposure) was required, due to the fact many who consider themselves "unvaccinated" (post-birth) and who qualified for this study as such, were injected with the vitamin K-shot at birth, which contains a powerful adjuvant (normally used in vaccines as a method of triggering a strong immune response), and/or the mother was vaccinated during the pregnancy. It is understood that adjuvants, such as aluminum, trigger the immune system whether or not they are given in combination with an infectious agent, and/or foreign DNA/RNA from various undisclosed sources, much of which originate in communist China. Vaccination during pregnancy has the obvious potential to affect the unborn child. And yet, the risks associated with these injections have never been enumerated by our public health authorities.

4. ***K-shot Can Cause Death:***
The K-shot can cause immediate death. This is according to science author Thomas E. Kearney (for the California Poison Control System) in "***Poisoning & Drug Overdose"***, Chapter 238, where the K-shot information reads: "Black box warning: Anaphylactoid reactions have been reported after intravenous administration and have been associated with fatalities. Intravenous use should be restricted to true emergencies; the patient must be monitored closely in an intensive care setting. Severe reactions and fatalities have also been associated with intramuscular administration and resembled hypersensitivity reactions." [84]

In spite of these facts, well over 99% of babies born in the USA are now injected with the K-shot, often by extremely extortive means, [85] and all mothers are also now *heavily* pressured to get vaccinated *during* their pregnancies. Previous to this study, there had been no evaluation of the K-shot against true controls, *in order to determine real risk factors*

---

[84] https://accessmedicine.mhmedical.com/content.aspx?bookid=391&sectionid=42070053 Published by the Faculty, Staff, and Associates of the ***California Poison Control System***. Edited by Kent R. Olson.

[85] "***Parents Who Declined Vitamin K Shots For Newborns Sue Hospitals, DCFS Over Medical Neglect Investigations"*** – CBS Chicago - By Lauren Victory September 24, 2019 at 6:47 am
Filed Under: Illinois Department of Children and Family Services, Lauren Victory, Local TV, Morning Insiders, Only On 2, vitamin k AT: https://chicago.cbslocal.com/2019/09/24/vitamin-k-lawsuit-baby-taken-from-parents-dcfs-medical-neglect-investigation/ This "medical" research paper, ***Parental Refusal of Childhood Vaccines and Medical Neglect Laws,*** (obviously authored by lawyers) discusses various punishments medical staff can threaten parents with if they refuse to have their children injected with pharma products. The primary method outlined is to level false criminal allegations against innocent parents. These methods of extorting the parents' submission to the dictates of the pharmaceutical industry include arranging to have the children confiscated and placed in foster care, and/or criminal prosecution against the parents, based "*solely"* upon their refusal to purchase certain pharmaceutical products. Am J Public Health. 2017 January; 107(1): 68–71. Published online January 2017 - **doi:** 10.2105/AJPH.2016.303500 - PMCID: PMC5308147 - PMID: 27854538 **Found at:** **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5308147/** In the Abstract See - Under: *Methods.* "We used the Westlaw legal database to search court opinions from 1905 to 2016 and identified cases in which vaccine refusal was the *sole* or a primary reason in a neglect proceeding. We also delineated if religious or philosophical exemptions from required school immunizations were available at the time of adjudication." This purportedly "scientific/medical" research paper strays far from *anything* related to health, but rather, it's the "how-to" force parents to have their children injected against their will, under threat of the loss of their children to foster care and even criminal prosecution.

associated with its use. The Control Group study has compiled the largest-known collection of health-outcome data for the unvaccinated population who are also lacking exposure to the K-shot and in-utero/pregnancy vaccines, i.e., *true controls*, enumerating the health outcomes which establish the risk factors (or reductions thereof) associated with *also* refusing the K-shot and/or maternal vaccines. This is also the 1st study to collect data on a group with a 100% rate of maternal vaccine exposure for comparison of health outcomes in the children produced by completely unvaccinated (unexposed) pregnancies who also avoided any post-birth vaccination. The advantage here is also found in the fact post-birth vaccines have been *ruled out* as an additional risk-factor for this particular group, which is a highly unique dataset to have access to.

5. ***The Rise in Exposures to K-shot and Maternal Vaccines***
Until fairly recently, it was assumed that vaccination during pregnancy was dangerous to the unborn baby, and this practice was generally *avoided*, along with avoidance of *newborn* vaccinations. No new math-based science has been produced to prove that vaccines are any safer during pregnancy *or* during the first months of life, than they were 30 years ago, with which to justify altering these historical medical assumptions. And yet, pregnant women are now routinely pressured to accept vaccines, with approximately 50% of pregnancies now being vaccinated in the USA. And this number is rising fast. Almost all *newborns* are also now heavily vaccinated in the USA.

Parents are generally never told that the k-shot injection comes with serious immediate risks, including death, or that the long-term risks have never been evaluated. Pharma-distributors claim these side-effects are extremely "rare". But this subjective characterization is not supported by any *enumeration* relative to any particular person, or group of people, receiving this injection, or some other biologically-active substance, *as compared against those who did not receive it*. The oldest survey participant reporting the K-shot at birth was 36 years of age, and 19 years was the oldest age of any participant whose mother was reported to have been vaccinated during the pregnancy. It appears Pharma's aggressive push to vaccinate *all* pregnant women and their babies in-utero, is an even more recent phenomenon than K-shots for all newborns.

6. ***Unvaccinated are far less likely to be exposed to K-shot, and/or maternal vaccines.***
Based upon the most recent estimates of K-shot saturation levels in the general population, it is clear that parents who choose not to vaccinate their children, (as were studied herein) are *also* far less likely to permit the K-shot to be injected into their newborn baby at birth, and these same mothers are even less likely than this, to expose their unborn babies to vaccines during pregnancy, than are mothers belonging to the 99.74% vaccinated population.

These lastly-mentioned particular Control Group findings are consistent with findings from the American Academy of Pediatrics, who *also* found that those who refuse the K-shot, (as well as vaccines) tend to be more *literate* than those who submit to the many increasingly-abusive pressures to accept them. The pressures medical staff typically apply to obtain the parents' "consent" to surrender their newborn infants to K-shot injections, include, but are

not limited to, direct threats to contact CPS and falsely accuse these parents of medical neglect if they refuse these, or *any* injectable products pushed in these distribution centers.

7. ***Data for health outcomes in unvaccinated <u>without</u> the K-shot or pregnancy vaccines:*** If any other data establishing the numerical risk factors associated with avoidance of either the K-shot or pregnancy vaccines exists, (other than that found herein) it is currently concealed. Because close to 70% of the unvaccinated (post-birth) in this study reported no exposure to the K-shot at birth, nor exposure to maternal vaccines, the data collected here presented an unparalleled opportunity to enumerate the health outcomes specifically associated with refusal of the K-shot and/or maternal vaccines in those who've also received no *other* similar pharmaceutical injections, i.e., post-birth vaccinations. It also supplied a comparative opportunity between all of these groups.

8. ***K-shot & Maternal Vaccine Subsets and the Effect on sampling rates:*** For these particular groups, (other exposure or non-exposure groups within the dataset) the sampling rates are the same within every subset, as those which have been identified for our total population of interest, since the percentage of entirely unvaccinated in the general population is also reduced or increased by the identical percentage when excluding, or including, those who've also avoided exposure to the k-shot and the maternal vaccines. For purposes of this study, the first-premised sample rate assumptions for the total calculated unvaccinated population applies to both the K-shot and/or maternal vaccine exposure groups.

9. **Risk of Hemorrhaging or Injury due-to-bleeding with avoidance of K-shot……..**0% (Risk of bleeding injury or related death in those with no K-shot, 0 of 1022)

Chapter 10

COMPARATIVE RISKS

AS AGAINST

THE 99.74%VACCINE-EXPOSED POPULATION IN THE USA

1.1. Chronic conditions in vaccine-exposed (post-birth) population under 18 years……*27%*

According to the CDC, "approximately 27% of children in the United States have a chronic condition and 1 in 15, or 6.66% have MCCs [multiple chronic conditions]." [86] *These figures do not include obesity.* [87]

Survey Data:

(a) Under 18 years in all unvaccinated (post-birth) surveyed reported with at least one condition: (76 of 1,272)……**5.97%**

Breakdown of Exposures:

a. Risk of at least 1 condition in unvaccinated **without** K-shot or maternal vaccine exposure (19 of 844)……**2.25%**
b. Risk of at least 1 condition in unvaccinated (post-birth) with 100% K-shot exposure & no maternal vaccines (44 of 398)….**11.06%**
c. Risk of at least one condition in unvaccinated with K-shot and/or maternal vaccine exposure (57 of 428)……**13.32%**
d. Risk of at least 1 condition in unvaccinated (post-birth) with 100% rate of maternal vaccine exposure and no K-shot (4 of 17)……**23.53%**
e. Risk of at least 1 condition in unvaccinated (post-birth) with 100% rate of exposure to **both** K-shot *and* maternal vaccines (9 of 29)……**31.03%**

(b) Increase Risk of at least 1 condition according to exposure: [88]

a. Increased risk in 99% vaccine-exposed general population……***1,099%***
b. Increased risk with K-shot exposure alone……***392%***
c. Increased risk with K-shot and/or maternal vaccines……***492%***
d. Increased risk with maternal vaccine exposure alone……***956%***
e. Increased risk with ***both*** K-shot and maternal vaccine exposure……***1,279%***

[86] CDC, *Preventing Chronic Disease*. https://www.cdc.gov/pcd/issues/2015/14_0397.htm

[87] Injured immune system leads to obesity: C. Petersen et al. T cell–mediated regulation of the microbiota protects against obesity. *Science.* Vol. 365, July 26, 2019, p. 340. doi: 10.1126/science.aat9351. Also see: Y. Wang and L.V. Hooper. ***Immune control of the microbiota prevents obesity***. *Science.* Vol. 365, July 26, 2019, p. 316. doi: 10.1126/science.aay2057. https://science.sciencemag.org/content/365/6451/316.full

[88] Increased risks are based upon a comparison to the risk value for those with zero exposure to vaccines (before or after birth) and zero exposure to the K-shot.

1.2. Risk of Multiple Conditions in the 99% vaccinated population under 18 years:……*6.66%*

6.66% have MCCs [multiple chronic conditions]." [see footnote 1]

Survey Data

(a) A total of **0.94%** (12 of 1,272) of unvaccinated (post-birth) surveyed under 18 years were reported with at least 2 *chronic* conditions.
Breakdown of Risk Factors & Exposures:

a. Risk of at least 2 conditions in unvaccinated (post birth) **without** exposure to K-shot or maternal vaccines (1 of 844)……..**0.12%**
b. Risk of at least 2 conditions in unvaccinated (post-birth) with 100% rate of exposure to K-shot & no maternal vaccines (10 of 398)..**2.51%**
c. Risk of at least 2 conditions in unvaccinated (post-birth) with exposure to K-shot and/or maternal vaccines (14 of 428)……..**3.27%**
d. Risk of at least 2 conditions in unvaccinated (post-birth) with 100% rate of exposure to maternal vaccines (4 of 48)……..***8.33%***
e. Risk of at least 2 conditions in unvaccinated (post-birth) with 100% exposure to ***both*** maternal vaccines and K-shot (4 of 29)……..***13.79%***

(b) Increased risk of at least 2 conditions according to exposures: [89]

a. Increased risk in (post-birth) vaccine-exposed population……..***5,521%***
b. Increased risk with K-shot exposure alone……..***1,992%***
c. Increased risk with K-shot and/or maternal vaccines…***2,625%***
d. Increased risk with 100% maternal vaccine exposure ……..***6,842%***
e. Increased risk with ***both*** maternal vaccines and K-shot……..***11,392%***

NOTE: **100%** of those reporting at least 3 conditions also reported maternal vaccine exposure and/or K-shot exposure.[90]

2.1. Chronic conditions in vaccine-exposed (post-birth) population over 18 years……*60%*

According to the CDC, "six in 10 adults in the US have a chronic disease." [91] (6/10=60%)

Survey Data

(a) A total **5.71%** of those unvaccinated (post-birth) surveyed over 18 years, reported with at least 1 chronic condition: (12 of 210)

a. Risk of at least 1 condition in unvaccinated (post birth) **without** exposure to K-shot or maternal vaccines (8 of 178)……..**4.49%**
b. Risk of at least 1 condition in unvaccinated (post birth) **with** exposure to K-shot alone (4 out of 32)……..**12.5%**

[89] Increased risks are based upon a comparison to the risk value for those with zero exposure to vaccines (before or after birth) and zero exposure to the K-shot.
[90] See breakdown of total number of *separate* conditions reported in each exposure group later in this report.
[91] CDC, *Chronic Diseases in America.* https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm

(b) Increased risk according to exposure: [92]

a. Increased risk in vaccine-exposed (post-birth) population……***1,248%***
b. Increased risk with K-shot alone……***178%*** [93]

2.2 – 2 Chronic Conditions in vaccine-exposed adults over 18 years……..*42%*
42% over the age of 18 have more than one condition. See footnote 2.

Survey Data [94]
(a) A total of **0.95%** (2 of 210) unvaccinated (post-birth) surveyed over the age of 18 reported at least 2 chronic conditions:

a. Risk of at least 2 conditions in unvaccinated **without** exposure to K-shot or pregnancy vaccines (1 of 178)……**0.56%**
b. Risk of at least 2 conditions in unvaccinated with exposure to K-shot and/or maternal vaccines (1 of 32)……**3.13%**

(b) Increased risk according to exposure: [95]

a. Increased risk in vaccine-exposed population……..***7,376%***
b. Increased risk with K-shot and/or maternal vaccine exposure……***456%***

NOTE: In those over the age of 18, there was only one reported exposure to maternal vaccines.

2.3 - 5 Chronic Conditions in 99% vaccine-exposed adults over 18 years……..*12%*
1 out of every 8.33 American adults is suffering 5 or more chronic conditions. See footnote 2.

Survey Data
There were no reports of more than *3* chronic conditions in unvaccinated (post-birth) adults, (or children) with or without exposure to K-shot and/or pregnancy vaccines.

(a) Risk of more than more than 3 chronic conditions in (post-birth) unvaccinated over 18 years (0 of 210) ……**0%**

[92] Increased risks are based upon a comparison to the risk value for those with zero exposure to vaccines (before or after birth) and zero exposure to the K-shot.
[93] Only one person over the age of 18 surveyed was reported with exposure to maternal vaccines.
[94] There was only one (1) report of maternal vaccine exposure in those unvaccinated (post-birth) over the age of 18.
[95] Increased risks are based upon a comparison to the risk value for those with zero exposure to vaccines (before or after birth) and zero exposure to the K-shot.

3. Heart Disease in the 99% vaccine-exposed adult population over 18……..*48%* [96]
*Nearly half (*or *121.5 million in 2016) of all adults in the United States have some type of cardiovascular disease, according to the American Heart Association's Heart and Stroke Statistics -- 2019 Update, published in the Association's journal Circulation.* [97]

Survey Data:
There were no reports of heart disease in any of the total 1,482 unvaccinated surveyed, at any age, with or without exposure to the K-shot or maternal vaccines.

(a) Risk of heart disease in unvaccinated with or without exposure to K-shot and/or maternal vaccines……,……**0%**

4. Diabetes in the 99% vaccine-exposed American population……..10% [98]
*According to the CDC: "*34.2 million people have diabetes. That's about 1 in every 10 people*"* [99]

Survey Data
There were no incidences of diabetes in the 1,482 unvaccinated surveyed with or without exposure to the K-shot or maternal vaccines, at any age.

(a) Risk of diabetes in unvaccinated with or without exposure to K-shot and/or maternal vaccines……**0%**

5. Digestive Disorders in the 99% vaccine-exposed population……..*18%* [100]
Prevalence: *60 to 70 million people affected by all digestive diseases"* – NIH [101]

Survey Data
All digestive conditions reported in all ages:
(a) Risk of digestive disorder in unvaccinated (post-birth) 6 of 1,482……..**0.4%**
a. Risk of digestive disorder in unvaccinated **without** exposure to K-shot or maternal vaccine (1 of 844)……..**0.12%**

---

[96] ***How the immune system causes heart disease*** – MedicalXpress, July 17th, 2017 Home/Cardiology - Rahul Kurup – AT: https://medicalxpress.com/news/2017-07-immune-heart-disease.html
[97] AHA, *Cardiovascular diseases affect nearly half of American adults, statistics show*. AT: https://www.heart.org/en/news/2019/01/31/cardiovascular-diseases-affect-nearly-half-of-american-adults-statistics-show
[98] Diabetes Research Connection – Diabetes Research News, February 10th, 2020. ***Exploring why the immune system may attack insulin-producing beta cells*** https://diabetesresearchconnection.org/exploring-why-the-immune-system-may-attack-insulin-producing-beta-cells/
[99] CDC, *A Snapshot: Diabetes In The United States*. https://www.cdc.gov/diabetes/library/socialmedia/infographics/diabetes.html
[100] "In an autoimmune disease, the immune system attacks and harms the body's own tissues, The systemic autoimmune diseases include collagen vascular diseases, the systemic vasculitides, Wegener granulomatosis, and Churg-Strauss syndrome, These disorders can involve any part of the gastrointestinal tract, hepatobiliary system and pancreas." ***Gastrointestinal Manifestations in Systemic Autoimmune Diseases*** - PMCID: PMC3150032 - PMID: 21977190 - Maedica (Buchar). 2011 Jan; 6(1): 45–51. At: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3150032/
[101] NIH, *Digestive Diseases Statistics for the United States*. https://www.niddk.nih.gov/health-information/health-statistics/digestive-diseases#all

b. Risk of digestive disorder in unvaccinated (post-birth) with exposure to K-shot alone, no maternal vaccines (5 of 460)……**1.09%**

(b) Increased risk according to exposure: [102]
a. Increased risk in vaccine-exposed population……***15,092%***.
b. Increased risk with K-shot alone and no maternal vaccines……***817%*** [103]

6.1. Eczema in 99% vaccine-exposed population under age 18 (2017)……***10.7%*** [104]
According to Avena-Woods (2017) in American Journal of Managed Care, "population-based studies in the United States suggest that [eczema/atopic dermatitis] prevalence is about 10.7% for children…" [105]

Survey Data
Eczema in children under 18 years:
(a) Risk of eczema in unvaccinated (post birth) 19 of 1,272……**1.49%**
a. Risk of eczema in unvaccinated **without** exposure to the K-shot or maternal vaccines (3 out of 844)……**0.36%**
b. Risk of eczema in unvaccinated (post birth) **with** K-shot exposure and no maternal vaccine of (17 of 398)……**3.02%**
c. Risk of eczema in unvaccinated (post-birth) **with** K-shot, and/or maternal vaccine exposure (15 out of 428)……**3.5%**
d. Risk of eczema in unvaccinated (post-birth) ***with*** 100% maternal vaccine exposure and no k-shot (2 of 19)……**10.53%**
e. Risk of eczema in unvaccinated (post-birth) ***with*** 100% exposure to maternal vaccines with or w/o K-shot exposure (6 of 48)……**12.5%**
f. Risk of eczema in unvaccinated (post-birth) ***with*** 100% exposure to both k-shot and maternal vaccines (4 of 29)……**13.79%**

(b) Increased of risk of Eczema according to exposure: [106]
a. Increased risk in vaccine-exposed population……***2,872%***
b. Increased risk with K-shot alone……***739%***
c. Increased risk with K-shot and/or maternal vaccines……***872.22%***
d. Increased risk with maternal vaccines alone……***2,825%***
e. Increased risk with **both** maternal vaccines and K-shot……***3,731%***

[102] Risk value is as compared against no exposure to post or pre-birth vaccines and no K-shot exposure.
[103] NOTE: Maternal Vaccine Exposure did not appear to affect digestive risks within this survey sampled. K-shot alone showed increased risk of digestive disorders.
[104] "Inflammatory cells of your immune system invade the epidermis. They irritate and destroy some of the tissues there. Eczema is common. It's also known as atopic dermatitis." Health Library: Cedars Sinia - ***Dyshidrotic Eczema*** at: https://www.cedars-sinai.org/health-library/diseases-and-conditions/d/dyshidrotic-eczema.html
[105] AJMC, *Overview of Atopic Dermatitis*. https://www.ajmc.com/journals/supplement/2017/atopic-dermatitis-focusing-on-the-patient-care-strategy-in-the-managed-care-setting/overview-of-atopic-dermatitis-article
[106] Risk value is as compared against no exposure to post or pre-birth vaccines and no K-shot exposure.

6.2. Eczema in 99% vaccine-exposed population over age 18 (2017):……..*7.2%*
"7.2% for adults." See footnote under 6.1.

Survey Data
Eczema in adults over 18 years:
(a) Risk of eczema in unvaccinated (post-birth) 2 of 210:……..**0.95%**
a. Risk of eczema in unvaccinated (post-birth) **without** K-shot and/or maternal vaccines (0 of 178)……..**0%**
b. Risk of eczema in unvaccinated (post-birth) **with** exposure to K-shot alone, no maternal vaccines (2 of 32 exposed)……..**6.25%**

7.1 - Asthma in the 99% vaccine-exposed population under 18 years……..*7.5%* [107]
According to the CDC's National current asthma prevalence (2018), 'asthma affects 7.5% of children under age 18, and 7.7% of adults over age 18.' [108]

Survey Data
Asthma in children under 18 years:
(a) Risk of asthma in unvaccinated (post-birth) 9 out of 1,272……..**0.71%**
a. Risk of asthma in unvaccinated (post-birth) **without** exposure to K-shot or maternal vaccines (2 out of 844)….**0.24%**
b. Risk of asthma in unvaccinated (post-birth) with k-shot alone, no maternal vaccines (4 out of 398)……..**1%**
c. Risk of asthma in unvaccinated (post-birth) **with** exposure to K-shot and/or maternal vaccines (7 out of 428)……..**1.64%**
d. Risk of asthma in unvaccinated (post-birth) with 100% maternal vaccine exposure alone and no K-shot (1-19)……..**5.26%**
e. Risk of asthma in unvaccinated (post-birth) with 100% exposure to maternal vaccines with or without K-shot exposure (3 of 48)……..**6.25%**
f. Risk of asthma in unvaccinated (post-birth) with 100% exposure to *both* maternal vaccines and k-shot (2 of 29)……..**6.9%**

(b) Increased risk of Asthma according to exposure: [109]

a. Increased risk in vaccine-exposed population……..***3,025%***
b. Increased risk from K-shot alone……..***324%***
c. Increased risk from K-shot and/or maternal vaccines……..***583%***
d. Increased risk from maternal vaccine alone……..***2,092%***
e. Increased risk from both maternal vaccine and K-shot……..***2,504%***

[107] ***New Knowledge on the Development of Asthma*** - Science Daily – June 26, 2019 - "Researchers have studied which genes are expressed in *overactive immune cells* in mice with asthma-like inflammation of the airways" At: https://www.sciencedaily.com/releases/2019/06/190626160332.htm (Emphasis added.)
[108] CDC, *Asthma.* https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm
[109] Risk value is as compared against no exposure to post or pre-birth vaccines and no K-shot exposure.

7.2. Asthma in the 99% vaccine-exposed population over 18 years (2018)……..*7.7%*

According to the CDC's National current asthma prevalence (2018), 'asthma affects [ ] 7.7% of adults over age 18.' See reference number 104.

Survey Data

Asthma in adults over 18 years:

(a) Risk of asthma in unvaccinated (post-birth) 0 of 210……..**0%**

*NOTE: Of those over the age of 18, only 1 maternal vaccine exposure was reported.

8.1 Food allergy in the 99% vaccine-exposed population under age 18……..*6.5%*

According to the CDC, 'age-adjusted percentages for U.S. children under age 18 years in 2018 for food allergies were 6.5%.'[110] In more recent publications, the rate is 8% for children.. [111]

Survey Data

Food allergy in children under 18 years:

(a) Risk of food allergy in unvaccinated (post birth) 14 out of 1,272……..**1.1%**

a. Risk of food allergy in unvaccinated **without** exposure to K-shot or maternal vaccines (6 of 844)……..**0.71%**
Risk of food allergy in unvaccinated (post-birth) with exposure to K-shot and no maternal vaccines (7 of 428)……..**1.64%**

(b) Increased risk according to exposure: [112]

a. Increased risk with K-shot exposure……..***163%***
b. Increased risk in vaccine exposed population……..***814%***

***NOTE**: In this survey, specific to food allergies, maternal vaccines *alone* did not appear to increase the risk.

8.2 Food allergy in the 99% vaccine-exposed population over 18 years……..*10.8%*

2019 - In a population-based survey study of 40,443 US adults, an estimated 10.8% were food allergic at the time of the survey. [113]

Survey Data

Food allergy in over 18:

(a) Risk of food allergy in unvaccinated (post-birth) 1 of 210……..**0.48%**
(b) Increased risk in vaccine-exposed population……..***2,150%***

---

[110] CDC, *Summary Health Statistics: National Health Interview Survey, 2018*. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_C-2.pdf

[111] CDC "Healthy Schools" **Food Allergies**: https://www.cdc.gov/healthyschools/foodallergies/index.htm

[112] Increased risks is based upon comparison between entirely unexposed (to post or pre-birth vaccines or K-shot) and the exposure group identified.

[113] ***Prevalence and Severity of Food Allergies Among US Adults –*** Published January 4, 2019 – JAMA JAMA Netw Open. 2019;2(1):e185630. doi:10.1001/jamanetworkopen.2018.5630 at: https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2720064

10. Risk of Birth defects in the 99% vaccinated population……..*3%*
According to the CDC, "about one in every 33 babies [3%] is born with a birth defect." [114]

Survey Data

(a) Total unvaccinated (post-birth) reported w/ birth defects (12 of 1,482)…..**0.81%** [115]

a. Risk of birth defects in unvaccinated (post-birth) **without** K-shot &/or maternal vaccines (3 of 1,022)……..**0.29%**
b. Risk of birth defects in unvaccinated (post-birth) **with** K-shot &/or maternal vaccines (9 out of 460)……..**1.96%**
c. Risk of birth defects ***with*** 100% rate of maternal vaccine exposure, with or without K-shot (3 of 49)……..**6.12%** [116]

(b) Increased risk according to exposure: [117]

a. Increased risk in vaccine-exposed population……..***934%***
b. Increased risk from K-shot and/or maternal vaccines……..***576%***
c. **Increased Risk with 100% Maternal Vaccine Exposure……..*2,010%***

11. **Epilepsy in the 99% vaccine-exposed population all ages……..*1.2%***
According to the CDC, "in 2015, 1.2% of the US population had active epilepsy." [118]

Survey Data:

Epilepsy in all ages:

(a) Total Epilepsy Reported (1 of 1,482):……..**0.07%**

a. Risk of Epilepsy in unvaccinated (post-birth) **without** K-shot or maternal vaccines (0 of 1,031)……..**0%**
b. Risk of Epilepsy in unvaccinated (post-birth) with exposure to K-shot and/or maternal vaccines (1 of 460)……..**0.22%**
c. Risk of Epilepsy in unvaccinated (post-birth) with 100% exposure to *both* maternal vaccines and k-shot (1 of 30)……..**3.33%** [119]

[114] CDC, *Birth Defects*. https://www.cdc.gov/ncbddd/birthdefects/index.html
[115] Some individuals had more than one birth defect.
[116] Of note, is that those with a 100% rate of exposure to maternal vaccines carried twice the National average risk for birth defects, at a time when the CDC reports just over 50% of all pregnancies in the USA are vaccinated.
[117] As a measure against the risk in those with no exposures to vaccines, maternal vaccines, or K-shot.
[118] CDC, *Epilepsy.* https://www.cdc.gov/epilepsy/data/index.html
[119] *NOTE: Zero epilepsy was reported in those with no exposure to maternal vaccines, with or without K-shot. However, numerous *other* types of serious brain and nervous system disorders did appear in those with exposure to K-shot alone, maternal vaccine exposure alone, and/or exposure to both. The rate of Epilepsy within this particular subset is over twice the National average, and therefore of extreme concern.

12. ASD (Autism) in 99% vaccine-exposed population 3-17 years (2018)……..*2.5%* [120] [121]
According to Kogan et al. (2018) in Pediatrics, "parents of an estimated 1.5 million US children aged 3 to 17 years (2.50%) reported that their child had ever received an ASD diagnosis and currently had the condition." [122] *According to more-recently published data from the 2018 National Survey of Children's Health the Autism rate in the USA was reported at* ***2.8%***.[123]

Survey Data:
Autism in children 3-17 years:

(a) Total Autism reported in unvaccinated (post-birth) with or without maternal vaccines and/or K-shots (2 of 967)……**0.21%**

a. Risk in unvaccinated (post-birth) **without** exposure to K-shot or maternal vaccines (0 of 630)……**0%**
b. Risk in unvaccinated (post-birth) **with** k-shot exposure alone and no maternal vaccines (1 of 299)……***0.33%***
c. Risk of ASD in unvaccinated (post-birth) with exposure to K-shot and/or maternal vaccines (2 of 337)……**0.59%**
d. Risk of ASD in unvaccinated (post-birth) in those with a 100% rate of exposure to maternal vaccines with or w/o K-shot (1 of 32)..**3.13%**
e. Risk of ASD in unvaccinated (post-birth) with exposure to *both* maternal vaccines and K-shot (1 of 21)……**4.76%**[124]

(b) Increased Risk of Autism according to exposure:[125]
a. Increased risk in vaccine and K-shot exposed population……***Infinite*** [126]

---

[120] SEE: https://www.childhealthdata.org/browse/survey/results?q=7363&r=1 "Autism is the fastest-growing serious developmental disability in the U.S." according to TACA. SEE: https://tacanow.org/autism-statistics/

[121] ***Inflammation and Neuro-Immune Dysregulations in Autism Spectrum Disorders*** **- "**This inflammatory condition is often linked to immune system dysfunction. Several cell types are enrolled to trigger and sustain these processes. Neuro-inflammation and neuro-immune abnormalities have now been established in ASD as key factors in its development and maintenance." Pharmaceuticals (Basel). 2018 Jun; 11(2): 56. Published online 2018 Jun 4. doi: 10.3390/ph11020056 - PMCID: PMC6027314 - PMID: 29867038 - At: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6027314/

[122] Kogan *et al.* (2018). The Prevalence of Parent-Reported Autism Spectrum Disorder Among US Children. *Pediatrics* 142 (6) e20174161. https://doi.org/10.1542/peds.2017-4161

[123] See: *https://www.childhealthdata.org/browse/survey/results?q=7363&r=1*

[124] This risk factor is much higher than the National average. Like the other conditions for which the unvaccinated (post-birth) with a 100% rate of exposure to maternal vaccines exceed the National averages, this presents a red flag beyond *any* other pharmaceutical/medical intervention imposed on the American population at this time. The K-shot exposure, standing alone, also presents a risk of this condition, but it appears lower than the risks presented by maternal vaccines in this particular survey sample.

[125] Measured against the risk found in those with no exposure to vaccines, K-shot, or maternal vaccines.

[126] Infinitely-increased risk is measured as against no risk value in those without exposure to vaccines, (pre or post birth) or the K-shot. Sample size of 630 should have produced at least 17 autism reports if vaccines and/or K-shots are not causing this condition in the vaccine-exposed population. 100% of the autism cases reported in this survey were in those with exposure to maternal vaccines or the K-shot. Of those with a 100% rate of exposure to maternal vaccines, (but no post-birth vaccines) the risk of autism comports with the risk value present in the general population of those with a 99.74% rate of vaccine exposure, but who *only* have a 50% rate of exposure to maternal vaccines. The risk value observed in the subset with a 100% rate of exposure to *both* maternal vaccines and the K-shot, indicates our National statistics with regard to the

13.1 - ADHD in 99% vaccine-exposed children under 18 years……..*9.4%*

According to the CDC, "the estimated number of children ever diagnosed with ADHD, according to a national 2016 parent survey, is 6.1 million (9.4%)." [127] *There is no biologically-objective test for diagnosing ADHD. Symptoms include: resistance to sitting still for prolonged periods and/or "too many" physical activities, like playing, climbing, and running, during periods when others would prefer children sit still, and resistance to focusing on tedious and repetitive tasks for long periods. Many adults are also now diagnosed with this "disability" and according to the CDC 60% of ADHD 'patients' are medicated, typically with mind-altering amphetamines.*

Survey Data:
ADHD in children under 18 years:

(a) Total ADHD reported (6 of 1,272)……..**0.47%**
   a. Risk of ADHD diagnosis in unvaccinated **without** exposure to K-shot or maternal vaccines (4 of 844)……..**0.47%**
   b. Risk of ADHD diagnosis in unvaccinated (post-birth) population **with** exposure to K-shot and/or maternal vaccines (2 of 428)……..**0.47%**

(b) Increased risk of *diagnosis* in vaccine-exposed population……..***1,883%***

NOTE: ADHD has no identifiable biological "cause", nor any physical test that can objectively diagnose it. However, the risk of being *diagnosed* with ADHD, (and thereafter medicated) is 1,883% higher in the vaccinated (post-birth) population.

13.2 - ADHD in 99% vaccine-exposed population over 18 years (current)……..*4.4%*

According to NIMH, "the overall prevalence of current adult ADHD is 4.4%" [128]

Survey Data:
ADHD in adults over age 18
(a) Risk in unvaccinated (0 of 210):……..**0%**

---

prevalence of Autism in the USA in 2020 are not accurate, and that the rate may be much higher at this time than is being reported to the public, due to the fact close to 50% of all babies are now exposed to maternal vaccination, and almost 100% of all infants are now exposed to the K-shot at birth. It is also logical to assume that, as the rate of maternal vaccine exposure continues to skyrocket, as the UN (subsidiary WHO) progresses in reaching its stated goal of injecting 100% of all pregnant mothers with vaccines, the rate of autism will more than double, and perhaps triple as a result. Given the results found here, there is no question this practice of vaccinating pregnant women must be halted immediately, as in many categories, just this *one* type of vaccine exposure *alone* appears to surpass almost all other associated risks of vaccine exposure combined, even as seen in the 99.74% general population. Obviously, exposures to the K-shot appear to exacerbate the problem, and when the two are combined, the risk values all skyrocket for almost every known condition.

[127] CDC, *Attention-Deficit / Hyperactivity Disorder (ADHD).* https://www.cdc.gov/ncbddd/adhd/data.html

[128] NIMH, *Attention-Deficit/Hyperactivity Disorder (ADHD).* https://www.nimh.nih.gov/health/statistics/attention-deficit-hyperactivity-disorder-adhd.shtml

14. Developmental Disabilities <u>and Delays</u> in 99% vaccinated 3 to 17 years…..*<u>17.76%</u>*[129]

NIH - Prevalence of any developmental disability among children ages 3 to 17 years in the United States, 1997 to 2017. [130]

Survey Data:

Developmental disabilities and delays in 3-17 years:

(a) Total developmental disabilities and delays reported (38 of 967)……**<u>3.93%</u>** [131]

a. Risk in unvaccinated (post-birth) **<u>without</u>** exposure to K-shot or maternal vaccines (6 of 630)……**<u>0.95%</u>** [132]
b. Risk in unvaccinated (post-birth) **<u>with</u>** K-shot and no maternal vaccine exposure (13 of 299)……**<u>4.35%</u>**
c. Risk in unvaccinated (post-birth) with exposure to K-shot and/or maternal vaccines (29 of 337)……**<u>8.61%</u>**
d. Risk in unvaccinated (post-birth) with 100% exposure to maternal vaccines with or w/or K-shot (7 of 32)……**<u>21.88%</u>**
e. Risk in unvaccinated (post-birth) group with 100% exposure to <u>*both*</u> K-shot shot & maternal vaccines (9 of 21)……**<u>42.86%</u>** [133]

(b) Increased risk according to exposures: [134]

Increased risk of developmental disability in vaccine-exposed population……***<u>1,769%</u>***

a. Increased risk with K-shot alone……***<u>357%</u>***
b. Increased risk with K-shot &/or maternal vaccine exposure…***<u>806%</u>***
c. Increased risk with maternal vaccines and/or K-shot exposure……***<u>2203%</u>***
d. Increased risk w/***<u>both</u>*** maternal vaccines <u>*and*</u> K-shot exposure……***<u>4,393%</u>***

[129] The grouped value presented here is based upon all developmental disabilities *and delays*, and therefore differs from the values presented in the comparison graphs which is limited only to developmental "disabilities".

[130] **Prevalence and Trends of Developmental Disabilities among Children in the United States: 2009–2017** Pediatrics September 2019, e20190811; DOI: https://doi.org/10.1542/peds.2019-0811 https://pediatrics.aappublications.org/content/early/2019/09/24/peds.2019-0811/tab-figures-data?versioned=true

[131] Some exposure groups had individuals with multiple conditions. The risk factors here represent the risks of any conditions, not the risk of an individual having at least one of the conditions.

[132] For four (4) of those entirely-unexposed (to vaccines, k-shot, or maternal vaccines) who reported a "developmental disability", ADHD was the sole diagnosis of any condition at all. 67%, of this category of conditions reported in this group were due to ADHD diagnoses.

[133] Here again, we see that those with a 100% rate of exposure to maternal vaccines present a higher rate of these conditions than is seen in the general population who have a 50% rate of maternal vaccine exposure. Exposure to the K-shot is clearly exacerbating this situation.

[134] Increased risk as compared to those with no exposures to post-birth vaccines, maternal vaccines, or K-shot.

15. Speech disorders in 99% vaccine-exposed population 3-17 years……..*5%* [135]

According to the CDC, 'percentage of children aged 3–17 years with speech problems during the past 12 months (United States, 2012) was 5%.' [136]

Survey Data:

Speech disorders in children 3-17 years:

(a) Risk of speech disorder in unvaccinated (post-birth) 5 of 967……**0.52%**

a. Risk of speech disorder in unvaccinated **without** exposure to K-shot or maternal vaccines (0 of 630)……**0%**
b. Risk of speech disorder in unvaccinated (post-birth) with k-shot alone, no maternal vaccines (4 of 299)……**1.34%**
c. Risk of speech disorders in unvaccinated (post-birth) with exposure to K-shot and/or maternal vaccines (5 of 337)……**1.48%**
d. Risk of speech disorders in unvaccinated (post-birth) with exposure to maternal vaccines with or w/or K-shot (1 of 32)……**3.13%**
e. Risk of speech disorders in unvaccinated (post-birth) with exposure to ***both*** maternal vaccines and K-shot (1 of 21)……**4.76%**

(b) Increased risk in vaccinated population……***862%*** [137]

16. Ear fluid (OME) in the 99% vaccine-exposed population:……*90%* [138]

According to Agency of Healthcare Research and Quality, "otitis media with effusion (OME) is defined as a collection of fluid in the middle ear without signs or symptoms of ear infection… As many as 90 percent of children (80% of individual ears) will have at least one episode of OME by age 10 [ ]."[139]

Survey Data: [140]

Ear fluid/OME under ten (10) years:

(a) In unvaccinated (1 of 965)……**0.10%**

a. In unvaccinated (post-birth) **without** exposure to k-shot or maternal vaccines (0 of 626)……**0%**

---

[135] Speech disorders are related to brain and nervous system damage, often related to brain inflammation. WebMD: https://www.webmd.com/brain/brain-diseases#1

[136] CDC, *NCHS Data Brief No. 205.* https://www.cdc.gov/nchs/products/databriefs/db205.htm

[137] Here, the increased risk is based upon comparative with unvaccinated (post-birth) with or without maternal vaccines and/or K-shot. No base-value was available for those with zero exposures.

[138] ***Role of innate immunity in the pathogenesis of otitis media*** - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4310697/ This study directly implicates the destruction of "innate immunity" as the cause of ear fluid. Trading *any* portion of our innate immunity, in exchange for *possible* protection against symptoms of temporary infection, is surely not a good trade.

[139] AHRQ, ***Otitis Media With Effusion: Comparative Effectiveness of Treatments***. https://effectivehealthcare.ahrq.gov/products/ear-infection/research-protocol

[140] There was only one report of ear fluid by any age. Risk value for ear fluid in unvaccinated (post-birth), based upon all ages surveyed, with or without k-shot and/or maternal vaccines is 0.08%.

b. Risk of ear fluid in unvaccinated (post birth) **with** exposure to K-shot and/or maternal vaccines (1 of 339)……**0.29%**

(b) Increased risk in vaccinated (post-birth) population……***89,900%***[141]

17. Chronic sinusitis in the 99% vaccine-exposed population:……14.6% [142]

According to MedScape: "Chronic sinusitis is one of the more prevalent chronic illnesses in the United States, affecting persons of all age groups. The overall prevalence of CRS in the United States is 146 per 1000 population."[143] (146/1000=14.6%)

Survey Data: Chronic sinusitis, all ages:

(a) Risk in unvaccinated (1 of 1,482)……**0.07%**

a. Risk in unvaccinated **without** exposure to maternal vaccines or K shot (0 of 1022……**0%**
b. Risk of sinusitis in unvaccinated (post-birth) **with** exposure to K-shot and/or maternal vaccines (1 out of 460)……**0.22%**

(b) Increased risk in vaccinated (post-birth) population……***20,757%*** [144]

18. Strabismus in 99% vaccine-exposed population under 18 years……*2%*

According to Prevent Blindness, "Approximately two percent of the nation's children have strabismus. Half of them are born with the condition." [145] *NOTE:* ***33.65%*** *of the unvaccinated surveyed under 18 years were reported with exposure to the K-shot and/or maternal vaccines.* ***100%*** *of the strabismus cases reported were in the K-shot and/or maternal vaccine exposed.*

Survey Data:

Strabismus in children under 18 years:

(a) Risk in unvaccinated (2 of 1,272)……**0.16%**

a. Risk of strabismus in unvaccinated **without** exposure to K-shot or maternal vaccines (0 of 844)……**0%**
b. Risk of strabismus in unvaccinated (post birth) ***with*** exposure to k-shot and/or maternal vaccines (2 out of 428)……**0.47%**
c. Risk of strabismus in unvaccinated (post-birth) ***with*** 100% exposure to maternal vaccines with or w/o K-shot (1 of 48)……**2.08%**

(b) Increased risk in vaccinated (post-birth) population……***1,150%*** [146]

---

[141] Increased risk is based upon comparison against unvaccinated (post-birth) with or without exposure to maternal vaccines and/or k-shot.

[142] ***Researchers Show Chronic Sinusitis Is Immune Disorder***; Antifungal Medicine Effective Treatment https://www.sciencedaily.com/releases/2004/03/040324072619.htm

[143] Medscape, *What is the prevalence of chronic sinusitis in the US?* https://www.medscape.com/answers/232791-42182/what-is-the-prevalence-of-chronic-sinusitis-in-the-us

[144] Increased risk comparison is based upon risk in unvaccinated (post-birth) with or without maternal vaccines and/or K-shot.

[145] Prevent Blindness, *Eye Diseases & Conditions, Strabismus*. https://preventblindness.org/strabismus/

[146] Increased risk comparison is based upon risk in unvaccinated (post-birth) with or without maternal vaccines and/or K-shot.

19. SIDS in U.S. in 99% vaccine-exposed infant population……..*0.04%*

"SIDS remains the leading cause of post-neonatal infant mortality in the United States, with an overall rate of 0.40 SIDS deaths per 1,000 live births."[147] *(0.4/1000=0.04%). A SIDS "diagnosis" is not a diagnosis of any actual 'cause', but rather, a designation that the cause of death remains a 'mystery'.*[148] [149]

Survey Data:

(a) There were no reports of SIDS in unvaccinated (post-birth) infants with or without K-shot and/or maternal vaccines……**0%**

20.1 - Cancer in the 99% vaccine-exposed population of Americans - adults……*6%* [150]

Source: IHME, Global burden of Diseases 2017, with the USA being the leader in global cancer rates. The USA is also the leader in vaccination rates for all ages. Cancer rates continue to skyrocket in the USA. Source: CDC "Between 2010 and 2020, we expect the number of new cancer cases in the United States to go up about 24% in men to more than 1 million cases per year, and by about 21% in women to more than 900,000 cases per year." [151]

Survey Data:

(a) There were no reports of cancers in *any* age in the unvaccinated with or without exposure to K-shot and/or maternal vaccines. Unvaccinated adults (0 of 210)….**0%**

21.2- Cancer in 99% vaccine-exposed American population under 18 years……..*0.35%*

According to American Childhood Cancer Organization, "approximately 1 in 285 children in the U.S. will be diagnosed with cancer before their 20th birthday." [152] *(1/285=0.35%)*

Survey Data:

(a) No cancers of any kind in any age in the unvaccinated surveyed, with or without exposure to K-shot and/or maternal vaccines. Under 18 years (0 of 1272)……**0%**

---

[147] Biomarkers of Sudden Infant Death Syndrome (SIDS) Risk and SIDS Death in SIDS Sudden Infant and Early Childhood Death: The Past, the Present and the Future. Duncan JR, Byard RW, eds. Adelaide (AU): University of Adelaide Press; 2018. https://www.ncbi.nlm.nih.gov/books/NBK513404

[148] "Sudden infant death syndrome (SIDS) is the unexplained death, usually during sleep, of a seemingly healthy baby less than a year old. SIDS is sometimes known as crib death because the infants often die in their cribs." *Mayo Clinic,* at: https://www.mayoclinic.org/diseases-conditions/sudden-infant-death-syndrome/symptoms-causes/syc-20352800

[149] See risk of death/survival-rates from *all* health-related causes later in this report.

[150] "***Cancer as an immune-mediated disease***" – US National Library of Medicine National Institutes of Health – Immunotargets Ther. 2012; 1: 1–6. Published online 2012 Jun 13. doi: 10.2147/ITT.S29834 – At: **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4934149/**

[151] CDC, *Cancer Prevention and Control.* https://www.cdc.gov/cancer/dcpc/research/articles/cancer_2020.htm

[152] ACCO, *US Childhood Cancer Statistics.* https://www.acco.org/us-childhood-cancer-statistics/

22. Arthritis in the 99% vaccine-exposed American population over 18 years….*16.67%* [153]

According to the CDC, arthritis is reported by at least 1 in 6 adults in every state. In the 15 states with the highest prevalence, arthritis affects up to 1 in 4 adults.[154] *Arthritis now affects 300,000 children in the USA, according to the American College of Rheumatology.*

Survey Data

Arthritis in unvaccinated with or without k-shot or maternal vaccines at *any* age:

(a) Risk in unvaccinated (post-birth) over 18 years (0 of 210) **……0%** [155]

[153] "An autoimmune disorder, rheumatoid arthritis occurs when your immune system mistakenly attacks your own body's tissues." – Mayo Clinic – At: https://www.mayoclinic.org/diseases-conditions/rheumatoid-arthritis/symptoms-causes/syc-20353648

[154] CDC, *Arthritis*. https://www.cdc.gov/arthritis/data_statistics/state-data-current.htm

[155] If vaccines are not causing arthritis, at a National rate of 16.67%, a sample of 210 American adults should have produced at least 35 cases of arthritis.

Chapter 11

RISK VALUES: K-SHOT & MATERNAL VACCINES IN UNVACCINATED (Post-Birth)

1. **All ages – All Surveyed:** [156] **K-shot and/or Maternal Vaccine Exposures**
The vast majority of health and mental conditions reported in the unvaccinated (post-birth) are seen in the minority of those who reported exposure to the K-shot, and/or maternal vaccines. In all unvaccinated (post-birth) surveyed, 470 or **30.44%** of the 1,544 unvaccinated (post-birth), reported exposure to the K-shot, and/or maternal vaccines, leaving 1,074 with no reported exposures. In the USA 460, or **30.04%** of the 1,482 unvaccinated (post-birth), were reported exposed to the K-shot and/or maternal vaccines, leaving 1,022 unvaccinated in the USA with no exposure to the K-shot or maternal vaccines. A total of 50, or **3.24%** of those surveyed reported exposure to maternal vaccines with or without exposure to the K-shot. Within the USA a total of 49, or **3.31%** reported exposure to maternal vaccines, with or without K-shot exposure,

2. **USA: All ages, at least 1 Condition, with or without K-shot & maternal vaccines:**
Total USA with at least 1 condition in post-birth unvaccinated (88 of 1,482)……**5.94%**
All countries surveyed, with 1 condition in post-birth unvaccinated (95 of 1,544)…….**6.15%**

3.1. **Foreign & USA: Health or Mental Conditions, *All* Surveyed, All Ages:**

3.2. **1 Condition:**
a. At least 1 condition in unvaccinated (post birth) ***without*** exposure to K-shot and/or maternal vaccination (29 of 1,074)……..**2.7%**
b. At least 1 condition in unvaccinated (post-birth) **with** exposure to K-shot and/or maternal vaccines (66 of 470)……..**14.04%**
c. At least 1 condition in unvaccinated (post-birth) **with** exposure to maternal vaccines with or without K-shot exposure (13 of 50)……..**26%**

NOTE: The unvaccinated (post-birth) minority with exposure to the K-shot and/or maternal vaccines represents **30.44%** of all those surveyed, (both USA & foreign combined) *and yet* they account for **69.47%** of those reported with at least 1 condition. Or to put it another way, of the 95 individuals reporting at least 1 condition, 66, or **69.47%** of them also reported exposure to the K-shot, and/or maternal vaccines.

3.3. **2 Conditions**:
a. At least 2 conditions in unvaccinated (post-birth) **without** exposure to K-shot and/or maternal vaccines (2 of 1,074)……..**0.19%**
b. At least 2 conditions in unvaccinated (post-birth) **with** exposure to K-shot and/or maternal vaccine (15 of 470)……..**3.19%**
c. At least 2 conditions in unvaccinated (post-birth) with exposure to maternal vaccines, with or without K-shot exposure (4 of 50)……..**8%**

[156] "All surveyed" means all USA & Foreign surveys combined.

3.4. **Increased Risk:** [157]
a. Increase in risk of at least 2 conditions in unvaccinated (post-birth) *with* exposure to K-shot and/or maternal vaccines……**1,614% Increased Risk**
b. Increase is risk of at least 2 conditions in unvaccinated (post-birth) with exposure to maternal vaccines, with or without K-shot exposure……**4,111% Increased Risk**

NOTE: The unvaccinated (post-birth) with exposure to K-shot and/or maternal vaccines represent only **30.04%** of those unvaccinated surveyed. And yet, they represent **94.12%** of those surveyed who reported at least 2 conditions.

4. **3 Conditions**:
a. At least 3 conditions in unvaccinated (post birth) **without** exposure to K-shot and/or maternal vaccines (0 of 1,074)……**0%**
b. At least 3 conditions in unvaccinated (post birth) **with** exposure to K-shot and/or maternal vaccine (4 of 470)……**0.85%**
At least 3 conditions in unvaccinated (post-birth) with 100% exposure to maternal vaccines, with or without K-shot (2 of 50)……**4%**

NOTE: Of those unvaccinated (post-birth) reporting at least 3 conditions **100%** reported exposure to the K-shot and/or maternal vaccines.

5. **4 Conditions:**
Unvaccinated (post-birth) with or without exposure to K-shot or maternal vaccines……**0%**

6. **Increased Risk of All *Separate* Conditions Reported - All Surveyed, All Ages:** [158]
Increased risk of any condition in the unvaccinated (post-birth) *with* exposure to K-shot, and/or maternal vaccines……**420% Increased Risk**
Increased risk of any condition in unvaccinated (post-birth) *with* maternal vaccine exposure, with or without K-shot……**863% Increased Risk**

7. **Severe and/or Multiple Conditions:**
Microcephaly (shrunken brain) was reported in a baby whose mother was vaccinated during the pregnancy. This baby was also injected with the k-shot. This case was 1 of only 4 individuals reported to have at least 3 conditions in the unvaccinated (post-birth). One other individual with at least 3 conditions was a child whose mother was vaccinated during the pregnancy *and* the baby was exposed to the k-shot at birth. The 2 other individuals, reporting at least 3 conditions, were exposed to the k-shot at birth. There were no reports of any individuals with more than two conditions in those unvaccinated surveyed who were not exposed to either maternal vaccines or the K-shot. There were no reports of individuals with *more* than 3 conditions in the unvaccinated (post-birth) at any age, with or without K-shot and/or maternal vaccine exposure.

[157] Increased risk is based upon comparison to those unvaccinated who have no reported exposures to the K-shot or maternal vaccines.
[158] Here, all separate conditions reported are valued. All increased risks are based upon a comparison to those unvaccinated without any exposure to K-shot or maternal vaccines.

10. **Separate Conditions - USA only - under age 18:**
In the USA, a total of 1,272 unvaccinated (post-birth) under the age of 18 were surveyed. A total of ninety-seven (97) *separate* conditions were reported in those under the age of 18 in the USA. 428, or **33.65%** of those under the age of 18 in the USA, reported exposure to the K-shot and/or pregnancy vaccines. A total of seventy-seven (77) or **79.38%** of the separate conditions reported in those under the age of 18 in the USA, were in those who also reported exposure to the vitamin K-shot, and/or maternal vaccines.

11.1. **USA By Age:**

11.2. **Less than 1 year;**
In the USA a total of 65 unvaccinated (post-birth) infants under the age of 1 year were surveyed. 19, or **29.23%** of these, reported exposure to vitamin K-shot and/or pregnancy vaccines. A total of three (3) conditions were reported in those under 1 year of age. **66.67%** of the conditions reported in infants under 1 year were reported in those who reported exposure to the K-shot and/or pregnancy vaccines.

11.3. **USA 1 year**
At total of 115 unvaccinated (post birth) total surveyed in the USA were one (1) year-olds. 26, or **22.6%** of the 1 year-olds were reported to have been exposed to the K-shot and/or pregnancy vaccines. A total of five (5) separate conditions were reported in infants between 1 year and 2 years. **100%** of the conditions reported in infants aged 1 year, were in those reported to have been exposed to the K-shot at birth and/or maternal vaccines.

11.4. **USA 2 years**
A total of 125 unvaccinated (post-birth) two (2) year-olds surveyed in the USA. 47, or **37.6%** of these were reported to have been exposed to the K-shot and/or maternal vaccines. There were a total of ten (10) separate conditions reported in those aged 2 years. Seven (7) or **70%** of the conditions reported in those aged 2 years, were in those who also reported exposure to the K-shot and/or maternal vaccines.

11.5. **USA 3 years**:
A total of 135 unvaccinated (post-birth) three (3) year-olds were surveyed in the USA. 39, or **28.9%** of these, reported exposure to the K-shot, and/or maternal vaccines. There were a total of four (4) separate conditions reported in children aged 3. All four (4), or **100%,** of the conditions reported in 3 year-olds, were in those with exposure to the K-shot and/or maternal vaccines.

11.6. **USA 4 years:**
A total of 117 unvaccinated (post-birth) 4 year-olds were surveyed in the USA. 48, or **41%** of these reported K-shot, and/or maternal vaccine exposure. A total of thirteen (13) separate conditions were reported in those aged 4 years. 11, or **84.62%** of the conditions reported in 4 year-olds were in those who were reported to have been exposed to the K-shot at birth and/or maternal vaccines.

11.7. **USA 5 years**:
A total of 110 unvaccinated (post-birth) five (5) year-olds were surveyed in the USA. 31, or **28.18%** reported exposure to the K-shot at birth. No maternal vaccines were reported in this age group. A total of seven (7) separate conditions were reported in those aged 5 years. Four (4) or **57.14%** of the conditions reported, were in those who were exposed to the K-shot at birth.

11.8. **USA 6 years:**
A total of 99 unvaccinated (post-birth) six (6) year-olds were surveyed in the USA. 30, or **30.3%** of these were reported to have been exposed to K-shot and/or maternal vaccines. A total of thirteen (13) separate conditions were reported in those age 6 years. All 13, or **100%** of the conditions reported in the unvaccinated (post-birth) 6 year-olds, were in those reported to have been exposed to the K-shot, and/or maternal vaccines.

11.9. **USA 7 years:**
A total of 82 unvaccinated (post-birth) seven (7) year-old were surveyed in the USA. Of these, 23 or **28.04%** were reported to have been exposed to the K-shot and/or maternal vaccines. A total of five (5) separate conditions were reported in 7 year-olds. Of these 5 conditions, 4, or **80%** were in those with exposure to the K-shot and/or maternal vaccines.

11.10. **USA 8 years:**
A total of 70 unvaccinated (post birth) eight (8) year-olds were surveyed in the USA. 26, or **37.14%** of the 8 year-olds surveyed reported exposure to the K-shot at birth, and/or maternal vaccines. A total of seven (7) separate conditions were reported in the 8 year-olds. Of these conditions, all 7, or **100%** were in those with exposure to the K-shot at birth, and/or maternal vaccines.

11.11. **USA 9 years:**
A total of 47 unvaccinated (post birth) 9 year-olds were surveyed in the USA. A total of 15 nine (9) year-olds, or **31.91%** were reported to have been exposed to the K-shot and/or maternal vaccines. A total of four (4) conditions were reported in 9 year-olds. Of these conditions, **50%** were reported in those with exposure to the K-shot and/or maternal vaccines.

11.12. **USA 10 years:**
A total of 56 unvaccinated (post birth) ten (10) year-olds were surveyed in the USA. 14 or **25%** were reported to have been exposed to the K-shot and/or maternal vaccines. A total of four (4) conditions were reported in those aged 10 years. **50%** of conditions reported in unvaccinated (post-birth) were in those with exposure to the K-shot and/or maternal vaccines.

11.13. **USA 11 years:**
A total of 45 unvaccinated (post birth) 11 year-olds were surveyed in the USA. 16 or **35.56%** reported exposure to the K-shot at birth. A total of six (6) conditions were reported in those aged 11 years. Four (4) or **66.7%** of the conditions reported in 11 year-olds, were in those with exposure to the K-shot.

11.14. **USA 12 – 17 years:**
A total of 206 unvaccinated (post-birth) between the ages of 12 and 17 were surveyed in the USA. 63, or **30.58%** of those surveyed between the ages of 12 and 17, reported exposure to the K-shot at birth and/or maternal vaccines. There were thirteen (13) separate conditions reported in those surveyed between the ages 12 to 17. Nine (9) or **69.23%** of these conditions were reported in those with exposure to the K-shot and/or maternal vaccines.

11.15. **USA over 18 years:**
A total of 210 unvaccinated (post birth) over the age of 18 were surveyed in the USA. Of these, 31, or **14.76%** reported exposure to either the K-shot at birth and/or maternal vaccines. A total of fifteen (15) separate conditions were reported in those over the age of 18. Of these conditions, 6, or **40%,** were in those who reported exposure to the K-shot at birth.

a. Risk of any of the reported conditions, over age 18 in unvaccinated (post birth) *without* exposure to K-shot and/or maternal vaccines……..**4.07**%
b. Risk of any of the reported conditions, over age 18 in unvaccinated (post birth) *with* exposure to k-shot and/or maternal vaccines……**19.35%**

12.1 **USA – Under 20 years totals – K-Shot &/or maternal vaccines:**
27.94% of those unvaccinated (post birth) under 20 years in the USA reported exposure to the K-shot and/or maternal vaccines.

12.2. **1 Condition:**
1,304 surveyed were under the age of 20, of which 434, or **33.28%** were exposed to the K-shot and/or maternal vaccines. There were a total of eighty-three (83) surveyed under the age of twenty years (20), who reported at least one condition. Of those under the age of 20 who reported at least one condition, sixty-one (61), or **73.49%** of them, reported exposure to the K-shot, and/or maternal vaccines.

12.3. **2 Conditions:**
Fifteen (15) of those under the age of 20 were reported to be suffering at least (2) conditions. **93.33%** of those reported to be suffering at least two (2) conditions, reported exposure to the K-shot and an additional **5.88%** of these (with at least 2 conditions) reported it was *unknown* whether they had received the K-shot at birth.

12.4. **3 Conditions:**
Of those reporting more than 2 conditions, **100%** reported exposure to the k-shot and/or maternal vaccines. *None* of those who did *not* receive the K-shot, and/or pregnancy vaccines, reported more than 2 chronic diseases or conditions. Only one (1) unvaccinated subject in this age group who did *not* receive either the K-shot or pregnancy vaccine, reported more than one condition.

Of those under the age of 20 reported to have three (3) conditions, (health, nervous-system, and/or developmental) **100%** reported exposure to the K-shot at birth.

13. **K-shot between the ages of 20 and 30:**
20.8% of those unvaccinated (post-birth) surveyed between the ages of 20 and 30 reported exposure to the K-shot. A total of **4.2%** of those unvaccinated between the ages of 20 and 30 were reported to be suffering at least one (1) condition. Of those between the ages of 20 and 30 with at least 1 condition, **100%,** reported receiving the vitamin K-shot at birth. Of those between the ages of 20 and 30 reporting at least 2 health conditions, **100%** reported receiving the K-shot at birth.

14. **No K-shots Reported in those aged 37 Years and Older:**
There were no reports over the age of 36 for either the K-shot or maternal vaccine exposure in the unvaccinated surveyed. Of those unvaccinated over age 36, **7.95%** reported at least one (1) condition, **1.4%** reported two (2) conditions, and none, **0%,** reported more than two (2) conditions.

15. **All Surveyed,** [159] **All Ages: Conditions with *both* K-shot & Maternal Vaccines:**

a. Of the total unvaccinated (post birth) surveyed, only **1.94%** were reported to have been exposed to *both* maternal vaccines and the K-shot. Of those who received *both* the K-shot at birth and the pregnancy vaccine, ***30%*** reported at least one health condition. Of those who received *both* the K-shot and maternal vaccine exposure, **13.33%** reported multiple conditions.

b. Of those unvaccinated (post-birth) reporting at least 1 health condition, where both the K-shot was given at birth *and* the mother was vaccinated during the pregnancy, there was one (1) case of microcephaly (the only case reported in this study) which was combined with duplicated kidneys and cerebral palsy in one infant, and; one (1) case of in-utero stroke, (the only one reported in this study) and; one (1) case of autism combined with epilepsy, which was the only case of epilepsy reported, and one (1) of only two (2) cases of autism reported. The only other case of autism reported, was in a child who received the K-shot at birth, but no maternal vaccine.

[159] All Foreign and Domestic surveys combined.

Chapter 12

MATERNAL VACCINE EXPOSURE IN THE USA & BIRTH DEFECTS: (*With or Without K-shot Exposure*)[160]

1. **EXPOSURES:** In the USA, there were 49 individuals reported with maternal vaccine exposure, with or without K-shot exposure. This represents only **3.31%** of the unvaccinated (post-birth) surveyed in the USA. Of this group, (the 3.31% who reported exposure to maternal vaccines) **26.53%** reported 1 or more conditions, **8.16%** reported at least 2 conditions, and **4.08%** reported 3 conditions.

2. ***Birth Defects in the group with 100% Exposure to Maternal Vaccines:***
Of additional extreme concern is that, within the group reported to have a 100% rate of maternal vaccine exposure, **6.12%** were reported to have been born with birth defects. This is twice the National average. According to the CDC, in 2018, the percentage of women who were vaccinated during pregnancy was over 50%, and the CDC was aggressively pushing toward their goal of vaccinating 100% of all pregnancies in the USA.[161] [162]

In this instance, we've surveyed a smaller subset group with a **100%** rate of reported maternal vaccine exposure. Again, this produced a rate of individuals with birth defects slightly over twice the National average of **3.03%**.[163] The last accounting of birth defects from the CDC (at 3.03%) ended in 2008. *The rate of birth defects in the USA could be much higher at this time.*

With an approximate rate of maternal vaccine exposure in the USA today at close to 50%, the correlation in the rate of birth defects in the group with 100% rate maternal vaccine exposure, is as alarming as the other findings in this study, if not more so. It is likely that

---

[160] Some studies purporting to suggest maternal vaccines do not cause birth defects have been published and heralded as "proof" vaccines are "safe" during pregnancy. However, these studies generally compare the outcomes against what is considered the "natural background noise", i.e., whatever the National average is at the time of the comparison. Maternal vaccination is *creating* the "relative" average birth defect rate for comparison. Not *one* of these studies has ever compared the rate of birth defects in a sampling from across the Nation in those with *zero* exposure to maternal vaccines (or similar injections) in order use *these* baseline numbers *as the comparison value*. Seeing no "substantial" difference between babies exposed to vaccines in the womb and the so-called "natural background noise" of birth defects *in a population with a 50% rate of maternal vaccination* is hardly evidence that vaccines are incapable of causing birth defects. A 100% rate of maternal vaccine exposure against those with *zero* exposure to maternal vaccines, (nor any exposure to fake "placebo" injections that actually contain toxins), is the *only* valid measure here. *True* controls are the foundation to any scientific approach in determining risk factors associated with exposures.

[161] The percentage of this group with 100% exposure to maternal vaccines includes a child that was described as having been "born" with Epilepsy, but this was not counted as a birth defect. If the Epilepsy case is included, the risk of being born birth defects with maternal vaccine exposure is **8.2%**.

[162] https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/tdap-report-2017.html

[163] "Birth defects are common" - Centers for Disease Control and Prevention. Update on Overall Prevalence of Major Birth Defects–Atlanta, Georgia, 1978-**2005**. MMWR Morb Mortal Wkly Rep. 2008;57(1):1-5. https://www.cdc.gov/ncbddd/birthdefects/facts.html#:~:text=Birth%20defects%20are%20common%2C%20costly,the%20United%20States%20each%20year.

the rate of birth defects since the CDC's last the last accounting in 2008, has risen sharply, at least for those who were exposed to vaccines in the womb while developing.

The problem with the birth defect reporting from the CDC, (besides the fact it's stale, from 2008) is that it ***brazenly*** fails to make any attempt to study or quantify known *exposures* (or a lack thereof) to the most obvious potential biological culprits *that are the most obvious potential cause for these birth defects*. The CDC (which owns vaccine patents and profits from their sales) makes no valid accounting on the number of birth defects in those with, or without, exposure to maternal vaccines. The CDC has already "concluded" that vaccines are "safe" during pregnancy, so they do not use the scientific method to examine the issue.

When a woman produces a child with birth defects the immediate question should always be directed at *what that woman was exposed to during that pregnancy*. If this question had never been asked during the Thalidomide tragedy of the 50's and 60's, we might now be living in a country of where missing limbs are so "common", that it's no longer "concerning" over at Oxford. [164] In the USA, this drug was prescribed to pregnant women to treat morning sickness, which although irritating, is not actually a dangerous "disease" that must be treated with risky drugs. And *all* of these mothers were informed this drug was "safe" according to the FDA's relativism theories that it's "relatively safe" because it's "effective" at treating the 'disease' of morning sickness. Or perhaps the FDA simply considers pregnancy itself to be a disease that must always be "treated" *with something*.

And now, since birth defects have become so "common" in the USA, (where 50% of pregnancies are vaccinated) birth defects are no longer "concerning" enough to warrant inquiring as to *what the mothers were exposed to while the babies were developing in the womb*. It's a neat trick to injure *so many* that it's too common to be concerning.

There is also the very real possibility that exposure to vaccines by either parent, even before they conceive, could also be increasing the risks of birth defects. It's a black hole of questions that have never been properly asked within the pharma-world of our "health" agencies, let alone answered by them. Instead, they publish studies that appear to "suggest" vaccines are *relatively* "safe" considering the condition being "treated" (and regardless of the exposures suffered by the so-called "placebo-controls" in early trials) and this becomes "evidence" that vaccines have been "proven safe" during pregnancy.

3. **"Natural Background Noise" & *Individual Defects Reported:*** [165]
There were a total of 11 separate birth defects reported in 9 individuals. Seven (7) of these, were reported in those with a 100% rate of exposure to maternal vaccines. This produced a risk value of ***14.29%*** for *any separate* birth defect within the subset of 49 individuals who were exposed to maternal vaccines. Although this group only represented ***3.31%*** of all those surveyed in the USA, this exposure group accounted for **63.64%** of all reported birth defects in this sample.

[164] ***Thalidomide: The Tragedy of Birth Defects and the Effective Treatment of Disease:*** https://academic.oup.com/toxsci/article/122/1/1/1672454
[165] Only those with exposure to maternal vaccines suffered *multiple* defects.

4. ***Risk of any 1 birth defect <u>without</u> maternal vaccines……..<u>0.29%</u>***
5. ***Risk of at any 1 birth defect <u>with</u> maternal vaccines……..<u>14.29%</u>***

6. The rate of individuals reported to be born with birth defects within the entirely unvaccinated with <u>*no exposure*</u> to maternal vaccines or K-shot at birth in the USA, came in at **0.29%** (3 of 1022) in this study that produced a 99% confidence level that the error does not exceed 0.04%. These are just the <u>*numbers*</u>. One's intellect will determine what they mean to the observer.

Of these 3 individuals (in this group of *true* controls) *none* were reported with more than *one* birth defect, and none of them reported a *shrunken brain*. It is probable that the birth defect rate of 0.29% is the only number that can *honestly* be considered the natural "background noise" of birth defects that *would be* occurring in the American population from *all other* potential causes, if not for *maternal vaccine exposures*, which are now at over 50% of all pregnancies in the USA and rising fast. [166]

Wearing a blindfold *and* turning away from the injuries and dead bodies, (refusing to inquire or count) is the <u>*only*</u> "scientific evidence" that vaccines only "rarely" injure and kill people, or that they're *relatively* "safe".

7. ***Increased Risk of Birth Defects with maternal vaccines……..<u>4,728%</u>***
Preventing a possible temporary infection through vaccination is less desirable to a mother who *understands* her baby could be at a ***14%*** (or higher) risk of any one of the many birth defects now suffered in the USA as the "trade-off". Is this worth it? To whom? [167]

Occam's razor is the theorem most fanatically *resisted* by our "public health" agencies today, as they study evermore obscure and unlikely potential causes for diseases, such as whether or not a child is gender confused, or has enough money to own two cell-phones, rather than just one. When "genetics" are blamed, no investigation into what vaccines *are doing to the human genome* is ever considered, let alone studied. It's verboten to even *look* at vaccines when studying the possible cause of *any* disease, unless of course, the study has been fraudulently engineered to exonerate vaccines in some way, or maybe "suggest" vaccines might not be responsible for *anything*. In which case, that researcher can expect *hefty* funding, both before and after such efforts.

---

[166] The CDC, a corporation that owns and profits from vaccine patents, says the following: "CDC recommends that pregnant women get two vaccines ***during*** every pregnancy [ ] " (- the flu vaccines and the Tdap shot) Emphasis added. See: https://www.cdc.gov/vaccinesafety/concerns/vaccines-during-pregnancy.html

[167] "You've got to ask yourself one question - Do I feel lucky? Well do ya' punk?" **Clint Eastwood** in: Dirty Harry. https://www.youtube.com/watch?v=8Xjr2hnOHiM When the CDC, <u>*who owns vaccine patents and profits from their sales*</u>, recommends *all* pregnant women get vaccinated, perhaps the most appropriate Eastwood line is: "When a naked man is chasing a woman through an alley with a butcher knife [ ], I figure he isn't out collecting for the Red Cross" **Clint Eastwood** in: Dirty Harry https://www.youtube.com/watch?v=Ze1xp9hYDl4

Chapter 13

COMMON CONDITIONS WITH K-SHOT EXPOSURE

Of additional particular interest were the findings related to thyroid disorders and exposure to the K-shot at birth. One of the most prevalent and rapidly-increasing thyroid conditions suffered by Americans today, is "Hashimoto Thyroid" which is a direct result of the immune system attacking the thyroid.

1. **Hashimoto Thyroid: 3**
Three (3) cases of Hashimoto Thyroid, an immune disorder, were reported in the entirely unvaccinated (post-birth) group. **100%** of the Hashimoto Thyroid cases were reported in those with exposure to the vitamin K-shot at birth. [168]

2. **Most Common Conditions Reported in K-shot-exposed, but unvaccinated (post-birth):** *In descending order, these were the most common conditions found in those with exposure to the K-shot.*

1. Nervous-system & cognitive/mental disorders or delays...18
2. Skin disorders……17
3. Allergies……11
4. Asthma……9
5. Digestive Problems……5
6. Hashimoto Thyroid, or other thyroid condition……4
7. Other Immune disorders……3

3. **K-shot in All Age Groups:**
In all ages, seventeen (17) or **88.23%** of those reporting at least two (2) conditions, also reported K-shot exposure. **100%** of those who reported at least three (3) conditions reported K-shot exposure.

[168] **Causes of Hashimoto's Thyroiditis** - ***When the Immune System Attacks Your Thyroid***
https://www.endocrineweb.com/conditions/hashimotos-thyroiditis/causes-hashimotos-thyroiditis

Chapter 14

USA ONLY - RISK VALUES BY CONDITIONS & EXPOSURES

1. **ALL Surveyed, All ages - Unvaccinated (post-birth):**
NOTE: *Most, if not all of the conditions listed below, as well as many not listed here, but which many Americans are now suffering, are now fully understood to be associated with disorders of the immune system, such as: heart disease, diabetes, kidney failure, allergies, eczema, asthma, chronic brain and nervous-system inflammation (leading to mental and other disorders) as well as thyroid, and other glandular dysfunctions.*

A. All ages – Reported Conditions in Unvaccinated (post-birth) with a 100% rate of exposure to *both* Maternal Vaccines and K-shot: NOTE: *Only **1.94%** of those unvaccinated (post-birth) surveyed reported exposure to both maternal vaccines and K-shot. The risk values listed immediately below are for the group with a **100%** rate of exposure to **both** maternal vaccines and the K-shot.*

1. Risk of at least 1 condition (9 of 30)……**30%**
2. Risk of least 2 conditions (4 of 30)…… **13.33%**
3. Risk of at least 3 conditions (2 of 30)……**6.67%**
4. Risk of Autism (1 of 30)……**3.33%**
5. Risk of Autism &/or other brain or nervous system disorder/injury (8 of 30)……**26.66%**
6. Risk of Eczema or Psoriasis (4 of 30)……**13.33 %**
7. Risk of Asthma &/or Allergy (2 of 30)……**6.67%**
8. Risk of Birth defects, deformities & maternal injuries (5 of 30)……**16.67%**

B. All ages - Reported Conditions in Unvaccinated (post-birth) with Maternal Vaccine exposure, (with or without K-shot): NOTE: *Only 3.31% of those unvaccinated (post-birth) surveyed reported exposure to maternal vaccines, with or without exposure to the k-shot. The risk factors listed immediately below are for the group with a **100%** rate of exposure to maternal vaccines with or without K-shot exposure.*

1. Risk of at least 1 condition (13 of 49)……**26.53%**
2. Risk of at least 2 conditions (4 of 49)……**8.16%**
3. Risk of at least 3 conditions (2 of 49)……**4.08%**
4. Risk of Autism (1 of 49)……**2.04%**
5. Risk of Autism &/or other brain or nervous system disorder/injury (7 of 49)……**14.29%**
6. Risk of Eczema or Psoriasis (6 of 49)……**12.24%**
7. Risk of Asthma &/or Allergy (3 of 49)……**6.12%**
8. Risk of Birth defects/deformities & maternal injuries (6 of 49)……**12.24%**

B. All ages - Reported Conditions with K-shot exposure, (with or without Maternal Vaccines): NOTE: *439, or 29.62% of those unvaccinated (post-birth) reported exposure to the K-shot, with or without maternal vaccine exposure.*

1. Risk of at least 1 condition (58 of 439)..... **13.21%**
2. Risk of at least 2 conditions (14 of 439)..... **3.19%**
3. Risk of at least 3 conditions (4 of 439)..... **0.91%**
4. Risk of Autism (2 of 439)..... **0.46%**
5. Risk of Autism or other brain & nervous system disorders/injuries (20 of 439)..... **4.56%**
6. Risk of Eczema & Psoriasis (16 of 439)..... **3.64%**
7. Risk of Asthma & Allergy (17 of 439)..... **3.87%**
8. Risk of other Immune Disorders, including Hashimoto Thyroid (6 of 439)..... **1.37%**
9. Risk of Digestive Disorders (5 of 439)..... **1.14%**
10. Risk of Birth Defects/deformities &/or birth-related injuries (14 of 439)..... **3.19%**

C. All ages - Risks in unvaccinated (post-birth) without K-shot or maternal vaccine exposure: NOTE: *1022, or **68.96%** of all those unvaccinated (post-birth) surveyed, were reported with no exposures to K-shot or maternal vaccines. Additional categories are added below for clarity and precision concerning the specific conditions reported, and/or not reported at all, within this true control group. Some conditions may be reported twice in different categories, i.e., a birth defect could also fall under another category of disease/condition within this group, or an allergy could also be reported as a digestive disorder.*

1. Risk of at least 1 condition (27 of 1022)..... **2.64%**
2. Risk of at least 2 conditions (2 of 1022)..... **0.2%**
3. Risk of at least 3 conditions (0 of 1022)..... **0%**
4. Risk of Autism (0 of 1022)..... **0%**
5. Risk of Autism or other brain or related disorders/injuries (0 of 1022)..... **0%**
6. Risk of Eczema or Psoriasis (3 of 1022)..... **0.29%**
7. Risk of Asthma or Allergy (9 of 1022)..... **0.88%**
8. Risk of Immune disorders (0 of 1022)..... **0%**
9. Risk of Digestive Disorders (1 of 1022)..... **0.1%**
10. Risk of Birth Defects/Deformities &/or birth-related injuries (3 of 1022)..... **0.29%**
11. Risk of Learning impairment or related disorder (2 of 1022)..... **0.2%**
12. Risk of Speech disorder (0 of 1022)..... **0%**
13. Risk of Birth defects, brain/nervous system-related birth injuries (4 of 1022)..... **0.39%**
14. Risk of Nervous System disorders (3 of 1022) **0.29%**
15. Risk of Sinus Disorder (0 of 1022) **0%**
16. Risk of Elevated blood pressure (1 of 1022)..... **0.1%**
17. Risk of Scoliosis (1 of 1022)..... **0.1%**
19. Risk of Thyroid condition (1 of 1022)..... **0.1%**
20. Risk of any liver, kidney, or other system disorder or failure not here listed..... **0%**

OBVIOUS Conclusion: The single *most* 'effective preventative health measure' anyone can take, is simply to *avoid* all vaccines, maternal vaccines, and the "vitamin" K-shot.

Chapter 15

DEATHS/SUVIVAL RATES [169]

1. **Health-Related Deaths in all Surveyed:**

Of the **1,346** live family-inclusive births reported, there was one **(1)** health-related death in an unvaccinated (post-birth) infant. This one health-related death was reported in an infant born with Trisomy. The expected lifespan for an infant born with Trisomy is 24 hours to 2 weeks. This infant lived for 17 days. The mother later went on to produce four (4) unvaccinated children, all of which were reported in perfect health.

2. **USA Live Births 1st Year:**

(a) Risk of death in 1st year in **Vaccinated** Population…… ***0.54%*** [170]

(a) Risk of death in 1st year in **Unvaccinated** (post-birth)……..*****0.09%*** [171]

(c) **Increase in risk of death by disease/health-related cause in *Vaccinated*……*532%***

2. **Survival:**
Only one other health-related death in those surveyed was reported within the first year, but this baby *was vaccinated* at 6 months, and is therefore not counted as an "unvaccinated" death in this study. This six month-old baby's death was reported to have occurred 5 days after multiple combination vaccinations were injected at a "well-baby" doctor's visit. This mother went on to produce 2 more children, for whom she refused all vaccines, also refusing pregnancy vaccines and K-shots. Both of her additional children, (ages 1 and 10 at the time of the survey) were reported in perfect health. The "cause" of death for this mother's 6 month-old deceased infant was reported as "SIDS". However, SIDS is not a 'diagnosis' of *what* caused *any* infant's death. It's a throw-away term (Sudden Infant Death Syndrome) for infants who suddenly die, devised to avoid any investigation into

[169] Live births are calculated based upon those adults reporting for their children, and do not include adults who reported only for themselves, due to the fact some adults may have had unvaccinated siblings within their family of origin who died, and for whom this survey would not have acquired data.
[170] Health/Disease-related Deaths per 100K under 1 year, 579 is adjusted down by 7.224385658654492% for deaths by acute physical or violent injury.
https://wonder.cdc.gov/controller/datarequest/D69;jsessionid=84B26BDDAD5E6726D41958F9626C
[171] Risk factor is based upon 1,175 live births in the USA, over one year of age with one reported death before age 1, and no deaths up to 20 years. If vaccines are not a major cause of infant deaths, there would have been at least 6 deaths due to health/disease-related causes in the unvaccinated surveyed. Survival rates (into early and later adulthood) are dramatically reduced with the presence of comorbidities, but there is limited availability of data on large groups of unvaccinated for measurements of life-spans for comparison, due to the sparse remaining population of entirely unvaccinated, particularly in adults, who represent less than 0.042% of the population at present.

what actually caused the infant's death. Our health authorities assume SIDS to be an acceptable form of death, (not warranting serious investigation) because it is a "common" way for our 99% *vaccinated* infants to die.

Coroners who make note that deceased infants were injected with an unavoidably unsafe drug shortly before their death, or check to see if the shots are what killed them, will instantly find themselves at odds with the retaliatory might of the entire pharmaceutical/medical industrial-complex, their reputation will be assaulted, and their license will likely be threatened.

This is also true for treating physicians who dare speak openly about their suspicions. Vaccines (and/or other exposures to pharmaceuticals before, or at, birth) are fully capable of causing death. The warning labels on these drugs make clear that death is an observed event after these injections. And yet, when faced with a recently-vaccinated infant who has suddenly died, coroners routinely fill in the "cause of death" on the death certificate with "SIDS" as if this were an actual *diagnosis of the cause*.

2. ***Survival Rates:***
It is evident that those with health problems are at a higher risk of a shortened lifespan. Much evidence exists to show that this is the truth of it. This is the basis for the term "comorbidities". [172] The theory that it's "worth it" to knowingly shorten one's life-span and make what's left of it an agony, in hopes of preventing a temporary infection, is absurd.

3. ***Miscarriages:***
Although not elicited from this study, one written report was voluntarily made of a pre-birth death at 28 weeks gestation. This mother reported she had been vaccinated prior to the miscarriage. This report is noted here, but is not included in the accounting of deaths after live-birth, due to the fact there was no live birth *after this mother was vaccinated*. The CDC claims vaccines are safe during pregnancy, but the evidence supplied to support this theory only includes one small regional study with *one* particular vaccine, and the arbitrary cut-off date, (beyond which there is no follow-up) is only 28 days. [173] None of the mothers were contacted, interviewed or spoken to. And the only studies available for the TDAP injection during pregnancy are "prospective" rather than long-term retrospective, i.e., measured historical health outcomes against exposed vs. unexposed. There are no long-term studies available for comparisons of health outcomes between exposed and unexposed. Another problem that exists, is that the health "comparisons" currently viewed as the baseline "control" are coming from the 99% vaccinated pool of infants, 50% of which, were exposed to maternal vaccines as well. It's a most unscientific method.

[172] ***Multiple chronic conditions and life expectancy: a life table analysis*** - Med Care. 2014 Aug;52(8):688-94. doi: 10.1097/MLR.0000000000000166. At: https://pubmed.ncbi.nlm.nih.gov/25023914/
[173] There is presently no national accounting system which tracks outcomes in vaccinated pregnancies for comparison against pregnancies that are not vaccinated. Follow-up research in this area is urgently required. It is not possible to be "pro-life" and not care about this assault on infants.

Chapter 16

INFECTIOUS DISEASES

The total number of temporary infections reported in the total surveyed was 354. Although not requested, several participants made notes detailing the nature of the infections. The ones mentioned were primarily measles, whooping cough, chickenpox, mumps, or rubella. Some participants placed a question-mark next to their notes, asking "Are these serious?" and/or "We didn't have any problems or have to visit the doctor. So would that be serious?" - or similar. The average rate of temporary infections recovered from without injury or death, per-unvaccinated subject, with or without the K-shot, and/or maternal vaccines was **0.30**. [174] There were no reports of deaths or injuries related to any infectious illnesses in any of those surveyed. [175]

Chapter 17

PARTICIPANT'S CONFIDENCE RATINGS & OTHER FACTORS

A participant's own health-confidence ratings are admittedly subjective, and therefore of limited value in today's standard "social justice" research, which poses as biological 'science' and has largely come to replace it. Even when no condition exists, one can be "worried" or "concerned" about their health. Such questions, (which are standard in public health surveys of today) are more indicative of a tendency toward a mental fixation, rather that serving as an indicator that a health condition might actually be present.

Although subjective questions (such as whether one is "concerned") are now the gold-standard in the trendy and divisive "social justice" centered surveys produced by our public health agencies, this Control Group study was *not* conducted for the purpose of blaming our Nation's current non-infectious disease crisis on our failure to adopt communist healthcare and rule. Therefore, a far more objective query was made in this

[174] NOTE: The survey requested only "serious" infections be identified and noted. Due to the fact vaccines are sold with the perception that all of the infections they are intended to prevent are serious enough that it's worth immediately risking your life to prevent them, (i.e., risk your life with "unavoidably unsafe" vaccination in order to prevent them) there is clearly much confusion as to what constitutes a serious infection. For this reason, this portion of the survey is somewhat subjective and of limited value standing alone. It is generally accepted that the unvaccinated have higher rates of infection with "vaccine-preventable" diseases than do those who are vaccinated. And yet, the unvaccinated have lower rates of health-injury, disease, disability, and death than the 99.74% vaccine-exposed population. If the ultimate goal of vaccination were to *prevent* injury, disabilities and deaths, (which does not appear to be the case) it is plain vaccines have wholly failed to do this, and have instead dramatically *increased* both deadly health conditions and associated deaths.

[175] The *modern* risks associated with contracting vaccine-preventable infections in the USA are not presently gauged in any meaningful way by health authorities. According the WHO, deaths from measles can be reduced by 50% merely by offering the child an inexpensive vitamin-A supplement. But they do not now offer starving children vitamins. The WHO also admitted that malnutrition leads to "frequent infections". Of course this is from a report in 2009. Since that time, the WHO has become focused of dispensing vaccines as their primary method of "helping" the starving children, *rather than* giving them apples or citrus. This device and narrative, i.e., that the only method of preventing disease is to inject myriad infectious diseases, is now preferred, as it advances the UN's Agenda-21 depopulation objectives. SEE: ***Malnutrition in Humanitarian Emergencies*** - The London School of Hygiene and Tropical Medicine, by: Bridget Fenn published by the WHO 2009 https://www.who.int/diseasecontrol_emergencies/publications/idhe_2009_london_malnutrition_fenn.pdf

Control Group survey, specifically concerning the reporter's confidence in the subject's physical and mental *abilities*. In this study, the respondents were asked to rate their confidence in the subject's capacity for both mental and physical *activities*, between 1 at the lowest, and 10 at the highest. The query was employed in this particular form in order to obtain a value relevant to whether there were any objectively *observable limitations* to the subject's activities. Clearly this is a far more objective and potentially-accurate measure than whether or not a person is "worried" or "concerned" about their health. In a Nation where 48% of the vaccine-exposed adults are now suffering from some form of heart disease, 10% are suffering diabetes, 15% are suffering arthritis, etc., *most* people should be "concerned". If they're not, it could be the result of an intellectual disability.

Lowest Confidence Ratings:
This survey queried for confidence ratings in capacity for activities. The lowest confidence rating given was a four (4) and this was for a child of 13-years whose mother reported she'd been vaccinated during the pregnancy, and that her daughter had also received the K-shot at birth. This was one of the two (2) autism cases reported, and it is the rating for the young lady who *also* suffers from epilepsy. The only other autism case was reported in a child who received the K-shot at birth, but no maternal vaccine. The next-lowest confidence rating given was a six (6) and this was for a young boy suffering from asthma, whose mother reported she was vaccinated during the pregnancy. There were eight (8) anomalous ratings between 7.0 and 7.5. These 8 reports were curiously-inexplicable, since these particular subjects were all reported to have no known conditions.

A total of **93.63%** rated their confidence level at **10**. All remaining ratings were between 8 and 9. This is consistent with the sample mean average of all those reporting at least one condition, at close to 6%, i.e., those who reported no conditions, generally rated their confidence levels at the highest rating available.

Gender
51.81% of those surveyed were female, and **48.19%** were male. The higher number of females is partly due to a larger number of female reporters who are mothers, and even grandmothers, some of whom, are themselves entirely unvaccinated, and who also completed a survey for themselves. The points of interest in this study are not related to gender, and the participant's sex was only noted for purposes of auditing data.

There was one reporter from San Francisco who identified her child as "trans-female". Upon follow-up phone interview it was learned that, although the mom was dressing this very young boy in female attire, he was born with male genitals, he still had them at the time of the phone interview, and he had not yet been exposed to hormone therapy. This child was listed in this data-set as a biological "male" to avoid confusion or confounding in the cross-referencing of the accuracy audits.

The numbers delineating the risk factors are provided in a simple and straightforward manner, and are not here stratified based upon sex, nor any other data irrelevant to the risk factors associated with vaccine abstinence or the two other identified pharmaceuticals of interest, and the ultimate health outcomes observed and reported.

Chapter 18

CAVEATS: CONFOUNDERS & COFACTORS

1. ***Socioeconomic and Other Factors:***
Because this study sought only to make *biological* connections between pharmaceutical exposures and health outcomes, it is devoid of the fashionable (and divisive) issues which contribute absolutely nothing of scientific value to this particular subject.[176] It is worth repeating that, according to the CDC, the poorer and less educated a population is, the less "hesitance" there is to vaccination, the more vaccines they are exposed to, and the *unhealthier* they are. Many studies have sought to use the fact poorer people are less healthy as a means of causing this nation to adopt communist control to improve our "health". The complete failure to examine the most stunningly-obvious biological causes for the poor suffering the worst health in the USA, *is no accident*. In this Nation, even the very poorest generally have access to clean water and adequate nutrition. Increasing the vaccination rates in the poor has *not* improved their health outcomes *or* survival rates.

The study below exemplifies the enormous funds wasted in chasing spurious "social justice" culprits for disease, with the goal being to obfuscate the true cause, and see if it's possible to incite a culture war by blaming our nation's current *non*-infectious health crisis on our failure to accept the dictates of Pharma under their proposed communist agenda:

"Previous studies have examined the prevalence rates for chronic conditions in childhood and adolescence. For example, asthma was estimated to affect 7.3–9.5% of all children and as many as 18% of children living in *poverty*. Asthma is often complicated by socioeconomic status (SES) and environmental factors that limit the ability to control symptoms and exacerbations (Akinbami, 2012; Barnett & Nurmagambetov, 2011; Bloom, Cohen, & Freeman, 2010), thus illustrating the need to estimate prevalence rates by SES characteristics." Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5010981/

Perhaps it's time to observe some basic statistical principals that actually *can* serve science.

> "If ... we choose a group of social phenomena with no antecedent knowledge of the causation or absence of causation among them, then the calculation of correlation coefficients, total or partial, will not advance us a step toward evaluating the importance of the causes at work." R. A. Fisher

[176] It could be considered an interesting "factoid" to learn that certain of the two biological sexes or any of the various races, when they join the 99.74% vaccine-exposed population, may be more vulnerable to various particularized injuries *that vaccines are shown to produce in all sexes and races*. But this does nothing to reduce the overall rate of observed health injuries in the vaccine-exposed population. Because such additional stratifying does absolutely *nothing* to point us to any answers or solutions, (for *all* of humanity) and only leads to fallacious conclusions intended to support theories that some races or sexes are inherently weaker than others, the Control Group study refused to entertain *any* of this caustic racism or sexism. It is *well* understood that the types of injuries humans are more, or less vulnerable to, can be related to sex or race. But such data is typically only an obfuscator, i.e., a method of hiding the biological *causes* of disease in all people.

2. ***Language Corruption:***
In this Control Group survey, some parties attempted to report health data on subjects that *were* vaccinated post-birth. Upon investigation, it was learned that these vaccinated parties, or parents of same, were under the erroneous impression a person is "unvaccinated" if they are not presently up-to-date on *all* of the CDC-recommended vaccine schedules, and/or they had stopped vaccinating at some point.

In recent years, the vaccine industry has introduced marketing and media campaigns which have transformed the term 'unvaccinated' into a pejorative as a tool for increasing vaccine sales through social pressure, shaming, threats, and persecution. This confusion, as to the meaning of the term "unvaccinated", is due to the new vaccine-industry definition, which now refers to anyone who's missed a single shot of *any* available vaccine as "unvaccinated".

This language-corruption subjects those who've missed even a *single one* of the many shots being pushed, to all of the same scandalous and false allegations now being levelled against entirely unvaccinated Americans. One particular report, made by mail, included the reporter's own handwritten notes, detailing the many times her children had been vaccinated. It is clear Pharma's tactic has been somewhat effective. To the greatest extent possible, this study has excluded all those who have been vaccinated (post-birth), and has not excluded health data presented by subjects who are entirely unvaccinated (post-birth).

3. ***Inclusion of Vaccinated Could Have Increased the Non-Infectious Diseases Reported***
Vaccines have never been purported to protect either the vaccinated, or the unvaccinated, from *non*-infectious health conditions, disabilities, and/or related deaths. Therefore, it is impossible that any (minor) erroneous inclusion of health data from a vaccinated subject, if this has unintentionally occurred in this study, would be responsible for *lowering* those *non*-infectious health conditions reported which are specifically known to be associated with vaccination.

Despite best efforts to exclude all post-birth vaccinated subjects, there is a possibility of confounding within this study, due to the present-day use of the term "unvaccinated". To the extent vaccinated subjects may have slipped past the researcher and any of their health data has been included herein, this could only have resulted in a higher number of reported incidences of those particular health problems, injuries, and/or related issues, that are *specifically known* to be associated with vaccination, including those listed in vaccine inserts as observed side-effects, and those injuries determined to qualify for compensation under the National Childhood Vaccine Injury Act (NCVIA), including death. [177]

[177] The following injuries qualify for compensation under the National Vaccine Injury Compensation Program: Acute Disseminated Encephalomyelitis (ADEM), Anaphylaxis, Bell's palsy, Brachial Neuritis, Chronic Inflammatory Demyelinating Polyneuropathy (CIPD), Disseminated Varicella vaccine-strain viral disease, Encephalitis, Guillain-Barre Syndrome (GBS) & Flu Vaccine, Idiopathic Thrombocytopenic Purpura (ITP), Intussusception, Multiple Sclerosis (MS), Optic Neuritis, Rheumatoid Arthritis, Shoulder Injury Related to Vaccine Administration (SIRVA), Systemic Lupus Erythematosus (SLE), Transverse Myelitis (TM)

4. **What else was learned about the participants?**

(a) **Most Hesitant to Participate:** Entirely unvaccinated who reported perfect health, i.e., those reporting they had not experienced any symptoms of disease or disability, were the *least* likely to want to participate in this study, and *most* likely to be concerned about privacy concerning their vaccination status. This group frequently explained that, because they have no symptoms of health problems and no disabilities, they almost "never" go to the doctor. Those who were most hesitant to participate sometimes also explained they were concerned about being placed on a government "list" of unvaccinated, for future "forced-injections". Due to recent events, as well as recent legislative moves in many states, these fears are clearly well-founded, and certainly not a result of any delusion or paranoia. Fear of being concretely identified as "unvaccinated" was the number one reason given for a party hesitating to participate in this study. Strong assurance of absolute identity protection was the most effective method of obtaining participation from this group.

(b) **More Likely to Participate:** Entirely unvaccinated, and/or parents of unvaccinated children, were more interested in participating in this study if they did have heath conditions to report. The unvaccinated who had health conditions, were also more likely to be regularly seeing a health professional. This class of participant was far less fearful of being identified as "unvaccinated" due to the fact they knew their doctor already had a record of their own, or their child's, vaccination status, and they were not fearful of their doctors, who were reported to be the minority of doctors who do not receive financial incentives in exchange for maintaining high vaccination rates in their practices. The increased participation from this class of subject appeared to be due to their desire to locate the cause/s of the problems they *were* having, by reporting as many details as they could about their own, or their children's, conditions and exposures to toxins or other risk factors, since post-birth vaccination had already been ruled out as a possible cause.

(c) **Most Likely to Participate:** Parents of vaccinated children who had previously vaccinated their 1st child/ren, but who had stopped vaccinating, and refused to vaccinate any of their *additional* children appeared most interested in participating. These were the parents who wanted desperately for somebody to "hear" them and wanted most to have a conversation about vaccines in general. These parents typically reported that the *reason* they stopped vaccinating and were refusing *all* vaccines for their additional children (who became a part of this study) was that they'd personally witnessed their 1st child, or even their 1st and 2nd children (or more) suffering health problems and/or injuries and/or disabilities, or even death, after vaccination. One parent in particular, reported that she decided not to vaccinate her additional children after witnessing her previously-healthy 6 month-old baby die just 5 days after a round of vaccines. Another mother of just one entirely unvaccinated child, (her youngest) reported that she'd witnessed all 3 of her older children suffer severe injuries after vaccination, including epilepsy, brain inflammation/damage, and autism. This mother has only *one* healthy child, the unvaccinated one.

5. ***The Obvious Questions Raised by this Study***

Many questions are raised by the results of this study. The most obvious is: Why have our tax dollars *never* been used to examine the disease and death rates of entirely unvaccinated subjects (controls) as a comparative against vaccinated subjects? The possible answers to this question would have to begin with an even more obvious answer. A: Our health agencies are largely controlled by the pharmaceutical industry, and likewise motivated. Reciting the other obvious questions raised here might only serve to insult the intelligence of the reader. But perhaps the following questions are not so obvious, even though they are imperative. Failing to address these questions and genuinely *seek accurate answers to them*, would be the height of ignorance and irresponsibility in a Nation where over 99% of the population has already been exposed to vaccination, and where *many more* are planned to become mandatory.

1. In the unvaccinated population who have a *100%* historical infection rate with the agents for which vaccines are most commonly given, what are the modern risks of injury, death, and/or any negative health outcomes? Further specification and stratification within a larger-follow-up study of entirely unvaccinated will produce specific, definitive, and imperative answers here. [178]
2. How would these particular outcomes (in the unvaccinated with 100% infection rates) compare against those with a 100% rate of vaccination against these same infectious agents? And what if the injury, disability, and even the total death rates, are *far* lower for those with a 100% rate of infection with the most common vaccine-preventable diseases, than they are for those who have been vaccinated against these same infections?
3. Why are the infectious agents which plague Americans *endlessly*, i.e., those which are never actually "eradicated", primarily *only* the ones for which there is an endless supply of *profitable* vaccines? [179]
4. Why is it that no matter how many vaccines are sold for measles, mumps, chickenpox, pertussis, etc., these infections *never stop* reappearing? [180] This continual threat is blamed on the unvaccinated. However, many outbreaks are

[178] A study of those with a 100% rate of having contracted measles (and other common temporary infections) and the rates of injuries or deaths resulting from these temporary infections, is required to determine what the true *modern* risks associated with these infections are at this time. The crystal-ball modelling and projections as to how many people "die" when infected with measles, are quite useless. Historical models for many infections are based upon data from the great depression, and/or before most Americans generally had ready-access to a wide variety of foods. And there is no risk or other ethical consideration to be made in merely gathering the relevant historical data that will provide the risk factors here.

[179] The more a vaccine fails to perform as advertised, (fails to actually prevent infection) the *more* of that vaccine is sold, i.e., "booster shots". And yet, vaccine-scientists continue to argue "herd immunity" can be achieved with vaccines that are *known* to only produce incomplete/ineffective protection. Immunity, by definition, means that you cannot become infected. And as COVID-19 has shown us, the single most *effective* form of "immunity" from infectious illness, is to be healthy in the 1st place, i.e., to be free of comorbidities which are now *rampant* in the vaccine-exposed population.

[180] And: Is it good public health policy to intentionally cultivate massive quantities of infectious agents? Is it good health policy to spend our tax dollars engineering "gain of function" for otherwise harmless viruses *so that* animal viruses *can* infect humans? Is it good "public health policy" to inject humans with animal DNA and animal viruses?

documented to occur in populations who are 100% vaccinated/injected-with the specific agent that caused the outbreak.[181] A person can only spread an "agent" *they've been infected with*.

5. What if every human is unavoidably exposed to billions upon billions of rapidly evolving microbes and viruses every day, all day, any one of which is capable of causing illness *if* that person is already in a weakened state? What if a healthy immune system has always been our best defense? What if a "serious infection" is merely an indicator that a person's health is *already* poor? [182]
6. Is the goal of "eradicating" infectious agents actually achievable? Is it achievable through the *continual cultivation of massive quantities of infectious agents* for injection into millions of people? The history of vaccination in the USA indicates it is not possible to "eradicate" infectious agents through vaccination. And certainly, intentionally shedding/spreading mass quantities of infectious agents is unhelpful.
7. Why do so many infectious diseases, for which there is no vaccine, die out on their own, never to appear again, *unless or until* there is a crisis affecting a population's access to adequate nutrition and clean water, *regardless of the availability of vaccines*?
8. What if the most effective method of preventing all infectious diseases, health injuries, and/or related deaths, is to have regular access to adequate nutrition and clean water?
9. What if, allowing the population access to basic necessities, (rather than rampant government interference with such) produces exponentially lower disease and death rates, than are seen in highly-vaccinated populations who currently *do* have regular access to adequate nutrition and clean water?
10. What if, in the wealthiest Nation in the world, where the vast majority of the population *does* have access to clean water and adequate nutrition, the single most effective 'preventative health measure' the population can take, is simply to avoid vaccination, and/or related pharmaceutical offerings?
11. Why is it that, the more *ineffective* a vaccine is proven to be for producing actual immunity to an infectious agent, (as seen in the infection rates within those where were vaccinated "against" a particular disease) the *more* of that particular product Pharma will sell? Since when did we accept the idea that the more a product consistently and repeatedly fails to perform, the *more* of it we must purchase?
12. What if the true goal of vaccination has *nothing* whatsoever to do with improving or protecting public health?

---

[181] LA Times reported local health officials confirmed that 100% of the students at the Harvard-Westlake school who contracted whooping cough, (pertussis) had been vaccinated against pertussis. There are many similar reports of high rates of infection within *fully* vaccinated populations. Of course, this effect is attributed to "waning" immunity, and this sells more "booster shots", specifically for those vaccines carrying the highest *failure rates* in preventing infections. https://www.latimes.com/local/california/la-me-ln-whooping-cough-vaccine-20190316-story.html

[182] A recent report from the CDC shows that 94% of U.S. deaths involving COVID-19 since February 2020 were associated with an average of 2.6 *other* morbidities, or comorbidities. See: https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm?fbclid=IwAR3-wrg3tTKK5-9tOHPGAHWFVO3DfslkJ0KsDEPQpWmPbKtp6EsoVV2Qs1Q#Comorbidities

Chapter 19

CONCLUSIONS & OBSERVATIONS

1. ***Risk Factors are expressed in <u>Numbers</u>***
Subjective slogans are insufficient when it comes to matters of life and death. In insurance, financial markets, and gambling arenas, risk factors are expressed *numerically.* Only in the healthcare industry and political polls, is faith placed in accounting systems with 99% failure rates and slogans from the so-called "experts" whose opinions are <u>*consistently*</u> proven wrong. The VAERS is of precisely <u>*zero*</u> scientific value in establishing numerical risk factors associated with vaccination vs. no exposure. [183] The numbers in question, which have been delineated herein, have never been made available to health professionals, or to the public they serve. The claim vaccines are "worth the risk" stands in stark contradiction to the numbers, the evidence, and common sense.

A larger-scale research effort of similar construct to this study must be initiated and completed post-haste in order to further enumerate and confirm relative numerical risk factors associated with exposures to the class pharmaceutical product at issue here. The results of such, must be provided to all consumers *in advance of injections* with any of these products. To do less at this time, is to doom this Nation to collapse and its people to an even more agonizing decimation than is currently being observed.

2. ***Empirical Evidence***
A growing number of people in the USA are having a similar experience with vaccines. They are personally observing previously healthy infants, children, and adults, become ill, disabled, or die, after vaccination. The number of direct-fact witnesses <u>*is rising fast*</u>. Most of those who are now avoiding vaccines, *once trusted them*, but are now refusing them *because of* what they've personally witnessed. It is irrefutable that vaccines can cause injuries and deaths. But each person so affected, is informed these things are "rare", so therefore, in *their* particular case it's just a "coincidence" that their injury or death was followed by the vaccines. The operative question no medical "expert" will ever answer is: <u>*Exactly*</u> how rare? This is because one needs *numbers* to answer this question. Attempts to use the VAERS numbers to support the "rare" slogan are made, but only because the speaker is ignorant, or hates truth.

3. ***To whom are the risks "worth it"?***
In an industry that has no risk of liability for the injuries and deaths their products produce, it's clear the risks are *always* 'worth it' and certainly none of them are worth *numerically quantifying*. Even the dead bodies produced *immediately after* injection are not "concerning" enough to warrant an attempt to *accurately* count them, *because* they've become so "common". The fact these types of deaths are not *at all* 'common' in the

[183] When it comes to the odds of losing a dollar playing the lottery, we demand actual *numbers,* and our legislators agree we're entitled to this information. But when it's our life is at stake, unsubstantiated marketing slogans like "rare" and the wholly fraudulent term "safe" are adequate data upon which to base public health policies.

unvaccinated population, is a fact the Pharma industry goes to great lengths to conceal, and is presently desperate to eliminate *all* evidence of.

The liabilities suffered by the *uncounted* victims of these "side-effects", as well as those liabilities draining our public coffers, (soaring healthcare costs, loss of workforce, etc.) are nothing short of *devastating* and they will, if not remedied soon, be the end of our Nation. These liabilities are increasing exponentially, as vaccine exposures continue to skyrocket.

Depriving citizens of basic human rights for refusing to play this sacrificial game cannot continue in a Nation that calls freedom its greatest value. Ritual human sacrifice to the Pharma gods will not save this nation. However, continuing to engage in this sick practice is *guaranteed* to end it. The National disease rates, and the trajectories they expose, indicate this end will come to us swiftly if we continue submitting to the demands of Pharma and tolerating those legislators who market and sell their votes to this industry.

4. ***Curing Cognitive Dissonance and the Awakening***
Even those with limited formal education/indoctrination, *are* capable of understanding that "safe" and "unavoidably unsafe" are the *antithesis* of one another. And many with basic common sense, (with or without a formal education) *are* figuring out what's happening here. It's not possible to convince people who are aware vaccines are "unavoidably unsafe" that vaccines "safe". No matter how much pharma slanders these people, nor how much our media attacks them, nor even how much our legislative prostitutes deprive them of their rights, there is *no chance* these people will *ever* accept the premise that "unsafe" means the same thing as "safe".

A numerical answer to the question: "*How* rare, (in numbers) are those 'pesky little side-effects', *including death*?" - is long overdue. With the relevant data in hand, i.e., actual numbers, people will choose *their own* subjective characterizations for the *numerical* risks associated with vaccination.

5. ***The only valid or relevant scientific data is found in The Control Group***
There are still, at the moment, over 800K people in the USA with no exposures to this class of product. The differences in health outcomes between the population of entirely unvaccinated and the vaccine-exposed, are *staggering*. Within this unvaccinated (post-birth) control group, the differences in health outcomes between those without the K-shot and/or maternal vaccines, and those with exposure to one, or both of these drugs, are *also* staggering. These numbers speak for themselves as well. Only a person whose *preferred outcome* is the collapse of this Nation, could go on pretending not to understand what these numbers expose.

6. ***National Crisis***
The entire vaccine industry represents a most perverse corruption of science, with its complete rejection of the *most* fundamental scientific method for testing safety, i.e., comparisons of outcomes between exposed/treated and unexposed/untreated *true*-controls. The wholesale rejection of the scientific method within this field of medicine has reached a crisis level of health-destruction that can no longer be tolerated if we hope to

save this nation from collapse. Direct answers are *only* available through the use of the true scientific method, and this *absolutely requires* data from the controls that still exist. No other source of health data is even relevant at this point, since we *already know* how sick the 99.74% vaccinated "herd" is.

The fact our public health agencies continue adamantly refusing to address *any* of this, and only continue intentionally suppressing all independent efforts to investigate or publish the relevant data, *is no accident*. And it's no accident that *all* of our health agencies continue claiming they've "no idea" what's causing all of these <u>*immune*</u> disorders. It takes a powerful and well-funded conspiracy and constant vigilance to consistently produce this much scientific fraud and conceal the truth for so long. But the facts here are clear and many are becoming aware. Only the most ill-motived amongst humanity could refuse to admit what the facts point to after seeing them.

7. ***Informed Consent or Fraud in Inducement?***
Only with full disclosure of <u>*numerical*</u> values for the risks, can it be claimed any person was 'informed' before injection. And only an informed person can give their consent. Fraud in inducement is a *criminal* act. And here, it's a person's very life at stake. Many people are being defrauded out of any semblance of health or a future, and even their very lives. Without one's body intact it's hardly possible to 'pursue happiness'. Defrauding the American people out of their right to the pursuit of happiness *and even their very lives*, in order to continue feeding this Pharma beast, is a depth of evil beyond all comprehension. It's right up there with Virginia Governor Ralph Northam's definition of 'abortion' to now include the slaughtering of full-term infants *after* they're born alive.

8. ***And there it is.***
After seeing the numbers herein, if anyone *can't* figure out what the proper conclusions *should* be, there's no chance anything else printed here would help them.

DISCLAIMER FROM THE AUTHOR- Joy Garner, founder of The Control Group:
1. I'm not a PHD or a statistician. I am a merely a tech inventor (hardware/video games) and patent-holder with an above-average IQ and a bit of common sense. I do not purport to be an "expert" in medicine or science. I am not asking anyone to trust *me* to explain what the observations and numbers contained in this dataset and report *should* mean. It's blatantly ***<u>obvious</u>*** what the numbers mean without my commentary. I implore you to think for yourself. *Please?* This was merely a product-safety research effort that produced numbers. Do you like the risks of this class of product? Do you personally believe they're "worth the risks"?

2. Although my commentary mentions many already-axiomatic observations related to the subject of this study, the reported observations (numbers) contained in this report are ***<u>not</u>*** projection-models or crystal-ball, into-the-future guestimates, nor are they subjective "professional opinions" about vaccines, how dangerous they might be, or how many lives they *hypothetically* might've saved. The numbers in this report represent historical data,

i.e., observed and reported pharmaceutical exposures and observed *outcomes*. I'm asking people to do the math *for themselves* if they question these numbers. [184]

3. I cannot be threatened with the loss of funding opportunities, the loss of my job, or loss of my license as retribution for failing to help cover up the fraud and damage, or for failing to help promote Pharma's agenda. It is wholly *irrational* to trust your life, or your child's life, to anyone who *can* be thusly-blackmailed into silence, and/or who is incentivized to promote these dangerous pharmaceuticals. *Everyone* involved in the making and distribution of these products benefits in some way and is *culpable*. Even if that benefit is limited to not getting fired (for letting their facility's vaccination rates fall) it's been proven enough to keep this machine well-oiled *while it devours our Nation's people*.

4. MY MOTIVE: I stand to gain *nothing* by exposing the truth of this situation *other than* to hope my loved ones, my Nation, might be saved from this devastation, and that perhaps we may begin to truly heal once this destruction is made to stop. I did this *only* to save my loved-ones, my fellow Americans, and to preserve this great Nation for future generations. Ultimately, I have done this to serve my only master, my Lord in heaven, Jesus Christ.

[184] The identity-redacted raw dataset and all other materials are available at: https://www.thecontrolgroup.org/

Exhibit D

A CRITICAL RISK ASSESSMENT OF VACCINATION IN THE U.S.A.

NATIONAL SECURITY

Prepared by Joy Garner
The Control Group
May 25, 2020 (U.S. Memorial Day)
REVISED: December 4, 2020

A CRITICAL RISK ASSESSMENT OF VACCINATION IN THE U.S.A.

Contents:

NATIONAL SECURITY

CHAPTER 1

THE CRITICAL URGENCY OF THIS SURVEY STUDY MODEL

1.1 - ***A Nation-Destroying Public Health Catastrophe***

Our Nation is in the midst of a catastrophic pandemic of immune-related chronic diseases, disabilities, and disorders.[1] Unprecedented rates of disabling brain and nervous system injuries and disorders, major organ failures, intellectual and behavioral disabilities, arthritis, diabetes, life-threatening allergies, and all other chronic conditions are all sharply rising.[2] [3] [4] [5] [6] [7] [8] [9]

---

[1] ***Historical Overview of National Health Expenditures*** - The numbers have continued to rise for every disease and disability. As of 2007, chronic diseases already accounted for the vast majority of health spending in the USA. See e.g., Centers for Medicare and Medicaid Studies. http://www.cms.hhs.gov/NationalHealthExpendData/02_NationalHealthAccountsHistorical.asp#TopOfPage

[2] In February 2020 Blue Cross Blue Shield (BCBS) BCBS reported a 200% increase in diagnosed dementia among younger adults during the four-year period from 2013-2017. ***Early-Onset Dementia and Alzheimer's Rates Grow for Younger American Adults*** - Published February 27, 2020 https://www.bcbs.com/sites/default/files/file-attachments/health-of-america-report/HOA-Dementia.pdf

[3] ***Arthritis is the leading cause of disability among adults*** - By new estimates **92.1 million** adults have doctor diagnosed arthritis or symptoms consistent with the diagnosis. This report also found the newer adjusted estimates for 2015 suggest arthritis prevalence in the U.S. has been substantially underestimated, *especially among younger people*, and that, as of 2013, arthritis was the leading cause of disability in *young* adults. (Barbour 2013) In 2013, total medical costs and earing losses due to arthritis were approximately $304 billion, or 1% of the gross domestic product, and up to one half of all patients with arthritis became unable to work within 10 to 20 years of follow-up after diagnosis. (Agarwal 2016) The report also found that children with arthritis are far more likely to develop additional life-threatening diseases, including kidney, heart, and other organ failure, blindness, and cancers. https://www.arthritis.org/getmedia/e1256607-fa87-4593-aa8a-8db4f291072a/2019-abtn-final-march-2019.pdf

[4] ***Epilepsy at An All Time High - More Americans have epilepsy than ever before*** - "Millions of Americans are impacted by epilepsy, and unfortunately, this study shows cases are on the rise," said CDC Director Brenda Fitzgerald, M.D. CDC - This 2015 Study that was embargoed until: Thursday, August 10, 2017, 1:00 p.m. ET https://www.cdc.gov/media/releases/2017/p0810-epilepsy-prevalence.html

[5] AAFP "***Study: One in Six U.S. Children Has a Mental Illness***" March 18, 2019 03:05 pm Michael Devitt – A recent analysis (jamanetwork.com) of 2016 National Survey of Children's Health data published online in *JAMA Pediatrics* indicated that as many as one in six U.S. children between the ages of 6 and 17 has a treatable mental health disorder such as depression, anxiety problems or attention deficit/hyperactivity disorder (ADHD)." https://www.aafp.org/news/health-of-the-public/20190318childmentalillness.html

[6] ***Projection of Chronic Illness Prevalence and Cost Inflation*** – 48.8% of the American population is projected to be suffering from a chronic condition by 2025. 50% of the American population is projected to be suffering chronic illnesses by 2025. Source: Wu, Shin-Yi, and Green, Anthony. ***Projection of Chronic Illness Prevalence and Cost Inflation***. RAND Corporation, October 2000. https://www.fightchronicdisease.org/sites/default/files/docs/GrowingCrisisofChronicDiseaseintheUSfactsheet_81009.pdf

[7] Nearly 18% of children have a developmental disability, a figure that has continued to rise over the past two decades. The overall rate was 17.8% in 2015-'17, up from 16.2% in 2009-'11 and 12.8% in 1997-'99. ***"Prevalence and Trends of Developmental Disabilities among Children in the U.S: 2009-2017"*** (Zablotsky B, et al. *Pediatrics.* Sept. 26, 2019, https://doi.org/10.1542/peds.2019-0811 https://www.ncbi.nlm.nih.gov/pubmed/30322701

[8] ***Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children*** - "Among children aged 3-17 years, 7.1% had current anxiety problems, 7.4% had a current behavioral/conduct problem, and 3.2% had current depression." So, having another disorder is most common in children with depression: about 3 in 4 children aged 3-17 years with depression also have anxiety (73.8%) and almost 1 in 2 have behavior problems (47.2%). Ghandour RM, Sherman LJ, Vladutiu CJ, Ali MM, Lynch SE, Bitsko RH, Blumberg SJ.. *The Journal of Pediatrics*, 2018. October 12, 2018 - https://www.ncbi.nlm.nih.gov/pubmed/30322701

[9] "Researchers at the Johns Hopkins Bloomberg School of Public Health contributed to a new U.S. Centers for Disease Control and Prevention (CDC) report that finds the prevalence of autism spectrum disorder (ASD) among 11 surveillance sites as one in 59 among children aged 8 years in 2014 (or 1.7 percent). This marks a 15 percent increase from the most recent report two years ago, and the highest prevalence since the CDC began tracking ASD in 2000." https://www.sciencedaily.com/releases/2018/04/180426141604.htm **2020 Community Report on Autism** - ***Autism and Developmental Disabilities Monitoring (ADDM) Network*** A Snapshot of Autism Spectrum Disorder among 8-year-old

Cancer rates are skyrocketing, with cancer now being the most common cause of death by disease in American *children*. [10] [11] [12] These crippling losses are exacerbated by already-insufficient, and rapidly-declining, intellectually and physically-viable human resources available to sustain our National Security. [13]

1.2 - ***Objective Evidence of Causation Must Be Acknowledged***

Without expedient scientific confirmation of the primary cause of this catastrophe, immediately followed by a swift reversal of our current trajectory, our National economy will ultimately collapse under the weight of disabilities, loss of workforce, explosive healthcare costs, plummeting fertility, and a profound loss of intellectual capacity within our remaining population. [14]

1.3 - ***Objective of this Research***

The object of this Report, evaluation, and the Survey study Model disclosed herein, is to provide background and context to the current threat, and to provide a logical model that will swiftly produce a numerical evaluation of the relevant hard evidence. This effort will definitely determine whether the most obvious cause of this epidemic, actually is the primary culprit, and if so, numerically quantify the extent to which this is so, in order to inform corrective public health policies that must be implemented without further delay to rescue our Nation from this catastrophe.

1.4 - ***The More We Spend The Worse it Gets***

It is objectively true that a profoundly diseased population is the very best business model for the Medical/Pharmaceutical industrial complex. No matter how many billions of dollars are siphoned off to "research" these diseases and disabilities, the rates continue to skyrocket. The more money we throw at these problems the *worse* they get. The motives for this industry to continue obfuscating the problem, and never solve it, are obvious. Most related research efforts result only in requests for *more* money and they fail to produce any useful data with which to lead our Nation's people out of this peril.

Children in Multiple Communities across the United States in 2016. Funded by the Centers for Disease Control and Prevention (CDC), United States Department of Health and Human Services

[10] In 2018, an estimated 1,735,350 new cases of cancer will be diagnosed in the United States and 609,640 people will die from the disease. The most common cancers (listed in descending order according to estimated new cases in 2018) are breast cancer, lung and bronchus cancer, prostate cancer, colon and rectum cancer, melanoma of the skin, bladder cancer, non-Hodgkin lymphoma, kidney and renal pelvis cancer, endometrial cancer, leukemia, pancreatic cancer, thyroid cancer, and liver cancer. **Cancer Facts & Figures 2018** - American Cancer Society - https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2018.html

[11] ***American Childhood Cancer Organization*** - "Each year in the U.S. there are an estimated 15,780 children between the ages of birth and 19 years of age who are diagnosed with cancer." https://www.acco.org/us-childhood-cancer-statistics/

[12] "The link between the immune system and cancer has been widely appreciated for over a century and was first highlighted by Rudolph Virchow over 150 years ago" ***The Immune System in Cancer Pathogenesis: Potential Therapeutic Approaches*** - J Immunol Res. 2016; 2016: 4273943. Published online 2016 Dec 26. doi: 10.1155/2016/4273943 PMCID: PMC5220497 PMID: 28116316 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5220497/

[13] ***The Looming National Security Crisis: Young Americans Unable to Serve in the Military*** - "The military depends on a constant flow of volunteers every year. According to 2017 Pentagon data, 71 percent of young Americans between 17 and 24 are ineligible to serve in the United States military. Put another way: Over 24 million of the 34 million people of that age group cannot join the armed forces—even if they wanted to." ***Military*** - The Heritage Foundation February 13, 2018 Authors: Thomas Spoehr and Bridget Handy - https://www.heritage.org/defense/report/the-looming-national-security-crisis-young-americans-unable-serve-the-military

[14] ***America's declining birth rate is a warning sign for millions of people's finances –*** "America's fertility rate is on the decline. There were more than 3.7 million estimated births in 2018, down 2% on the year before, [per] the Centers for Disease Control and Prevention's National Center for Health Statistics. That's the lowest level since the 1980s, despite an improving economy**."** https://www.marketwatch.com/story/americas-declining-birth-rate-foreshadows-some-tough-financial-times-ahead-2019-05-15

Globalism's Ring of Power

"In this age, man has reached new heights and new depths. The heights we achieve in our brightest minds, together with our most loving and faithful hearts. But there are also globalist predators among us who simultaneously reach for new depths, who are hell bent on dragging our Nation down with the United Nations. Today these globalist enemies have their eye set upon the ultimate 'Ring of Power' - the power to directly inject all Americans. Having such power eliminates the need for our enemies to rob us of anything else, i.e., our Nation, our freedoms, dignity, property, arms, speech, religion, privacy, due process, etc. As those who first wrought this power intended, it will ultimately be used for evil, no matter the perceived, or even real, intentions of its bearer at any given moment in time.

"This power is too much to give to any man, or group of men, no matter how well-meaning. Though the power may temporarily capture distant nations, it cannot reign in this Nation of unalienable rights. If we are to save this Republic, this ring of power must now be destroyed for all time, with no remaining scintilla of pretense that such reign over men should ever exist again. For we hold this truth to be self-evident that all men are endowed by their Creator with certain unalienable Rights."

~ Joy Garner

Chapter 2

THE OBVIOUS PRIMARY CULPRIT

2.1 - *The Four Irrefutable Facts*

During the 2019 treasonous coup attempt against our duly-elected POTUS, Congressman Jim Jordan famously demonstrated how, by consistently repeating a few basic facts, one may effectively defeat wholly-false narratives, a constant barrage of outright lies, endless propaganda, obfuscations, misdirection, innuendo, and obscenely-abusive slander. Below, we present four objectively-accurate facts that "*do not change*" no matter the deflections, propaganda, censorship, or other desperate efforts to conceal these truths.

(1) The USA is currently in the midst of a pandemic of immune-related, progressive, long-term or "chronic" illnesses, disabilities, and deaths, which is so catastrophic, it now poses an imminent threat to our Nation, i.e., an imminent threat to the very survival of our Nation.[15]

(2) Vaccination causes permanent alterations to the human immune system. Once triggered, this powerfully-complex system has the universal ability to injure and/or disable virtually any organ, tissue, or other system of the host, and the mechanisms by which vaccine adjuvants alter the human immune system remain "poorly understood" by our top immunologists. [16] [17] [18] [19] [20]

(3) There are no statistically-significant or "authoritatively published" studies which numerically quantify the long-term or cumulative health risks of mass vaccination programs.

(4) 99% of the American population has been exposed to at least some level of vaccination, with our infants, children, and young adults, descending in the order listed, having the highest exposure levels.

---

[15] See section 1.1 herein, and related references.

[16] ***When the immune system goes on the attack*** **-** EMBO Rep. 2004 Aug; 5(8): 757–760. doi: 10.1038/sj.embor.7400217 PMCID: PMC1299128 - PMID: 15289823 Science and Society https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1299128/

[17] "But the immune system can go awry, mistakenly attacking the joints with uncontrolled inflammation, causing joint erosion and damage to internal organs, eyes and other parts of the body. Arthritis Foundation - 2019 - https://www.arthritis.org/getmedia/e1256607-fa87-4593-aa8a-8db4f291072a/2019-abtn-final-march-2019.pdf

[18] "Despite the known examples of combinations of TLR3 and TLR4 agonists with rAds, the mechanisms of their adjuvant action is not well understood." ***The differences in immunoadjuvant mechanisms of TLR3 and TLR4 agonists on the level of antigen-presenting cells during immunization with recombinant adenovirus vector*** -Biomed Central - Published: 28 July 2018 - *BMC Immunology* volume 19, Article number: 26 (2018) Ekaterina Lebedeva, Alexander Bagaev, Alexey Pichugin, Marina Chulkina, Andrei Lysenko, Irina Tutykhina, Maxim Shmarov, Denis Logunov, Boris Naroditsky, Ravshan Ataullakhanov https://bmcimmunol.biomedcentral.com/articles/10.1186/s12865-018-0264-x

[19] "The mechanisms by which aluminum adjuvants selectively enhance the immune response are poorly understood." Aluminum is now the most common adjuvant used in modern vaccines. ***Mechanisms of stimulation of the immune response by aluminum adjuvants.*** Vaccine. 2002 May 31;20 Suppl 3:S34-9. HogenEsch H. https://www.ncbi.nlm.nih.gov/pubmed/12184362

[20] "The mechanism of action of this adjuvant is poorly understood." - The Journal of Immunology - The American Association of Immunologists **-** ***The Adjuvants Aluminum Hydroxide and MF59 Induce Monocyte and Granulocyte Chemoattractants and Enhance Monocyte Differentiation toward Dendritic Cells*** **-** Current as of April 26, 2020 - Anja Seubert, Elisabetta Monaci, Mariagrazia Pizza, Derek T. O'Hagan and Andreas Wack J Immunol 2008; 180:5402-5412; doi: 10.4049/jimmunol.180.8.5402 https://www.jimmunol.org/content/180/8/5402

2.2 - ***The Definition of "Unavoidably Unsafe" is Dangerous***

Vaccines are formally classified as "unavoidably unsafe" by the United States CFR, Restatement of Torts, (Second) 402A (k). The United States Supreme Court has concurred with this classification in *Bruesewitz v. Wyeth LLC*, 562 U.S. 223, 131 S. Ct. 1068 (2011). The correct synonym for "unsafe" is *dangerous*. Increased and repeated exposures to dangerous substances, particularly by direct injection, axiomatically increases risk. This formal legal classification, coupled with the National Childhood Vaccine Injury Act, (NCVIA) protects the manufacturers and distributors from liability for vaccine-induced injuries and deaths. Relying upon those who benefit from the pharmaceutical and medical industry to provide reliable intelligence on the dangers their products and services pose to our National Security, or our Public health, is wholly irrational. We have now reached the point in history where continuing such illogical conduct any longer, may well prove suicidal.

2.3 - ***Propaganda is not Science***

Vaccine inserts disclose the potential for this class of drug to cause a wide variety immune disorders, brain and nervous system injuries, and even death. We are told these outcomes are "rare" but this subjective adjective is not a numerical risk factor, nor is it a scientific term. It is an objectively fraudulent marketing slogan and nothing more. Although other factors are potentially capable of causing many health problems, deductive reasoning requires a specific analysis of the common denominator. Vaccines presently appear to be the most obvious culprit in the now clearly-visible, and widespread destruction of the American population's immune systems. The survey study model disclosed herein is specifically calculated to provide definite and verifiable answers to the most critical public health questions in our Nation's history.

2.4 - **This Survey Study Will Definitively Answer These Imperative Questions:**

> (**a**) Are vaccines substantially contributing to our Nation's catastrophic pandemic of immune-related injuries, disorders, disabilities, and deaths?
>
> (**b**) If so, to what extent?
>
> (**c**) Are the modern day risks associated with contracting temporary vaccine-preventable infections outweighed by the risks of permanently-disabling injuries, chronic diseases, and consequent deaths, associated with preventing these infections through vaccination?

2.5 - ***Saturation Levels - URGENT!***

Individual exposure levels vary greatly and are on the rise. [21] According to the CDC, from 2006 to 2017, at least 3,454,269,356 doses of vaccines were marketed and sold in the United States.[22] This represents an average 10 or more exposures per American. At present, our infants and children are the most profitable targets, typically receiving 70 or more injections each before the age of 18, per the CDC & WHO schedules. In recent years, pregnant women, their unborn children, and our elderly population,

[21] The "Healthy People 2020" agenda has, as one of its primary objectives, full vaccination of all Americans with all "CDC Scheduled" vaccines, and the number of new vaccines expected to be added to the schedules is growing, with at least 200 new vaccines in the pipeline at this time. https://www.healthypeople.gov/ See: https://docs.google.com/spreadsheets/d/19otvINcayJURCMg76xWO4KvuyedYbMZDcXqbyJGdcZM/pubhtml

[22] U. S. Health Resources & Services Administration, Data & Statistics. Available at: https://www.hrsa.gov/sites/default/files/hrsa/vaccine-compensation/data/monthly-stats-january-2019.pdf

have also been successfully targeted by the pharmaceutical industry, and are now a rapidly-expanding source of profits. [23] [24] [25] [26]

[23] ***Improving rates of maternal immunization: Challenges and opportunities*** - Hum Vaccin Immunother. 2016 Apr; 12(4): 857–865. Published online 2015 Nov 9. - doi: 10.1080/21645515.2015.1101524 - PMCID: PMC4962946 PMID: 26552807 - Donna M. MacDougall, and Scott A. Halperin https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4962946/

[24] According to The World Health Organization's May 2019 MI4A report, vaccines cost between .08 and .91 cents per dose to produce. In the USA they cost between $25 and $174 per dose. There is perhaps no product in the world with a higher profit margin, and in the USA, there is no risk of liability for injuries and death. https://www.who.int/immunization/programmes_systems/procurement/mi4a/platform/module2/WHO_BCG_vaccine_global_market_update_May2019.pdf?ua=1

[25] ***Increasing Immunizations Among the Elderly: Education Critical*** - Pharmacy Times - 2018-07-09 15:19:00 Jeannette Y. Wick, RPh, MBA, FASCP https://www.pharmacytimes.com/resource-centers/pneumococcal-disease/increasing-immunizations-among-the-elderly-educating-is-still-critical

[26] ***Strategies for Increasing Adult Vaccination Rates*** - CDC - https://www.cdc.gov/vaccines/hcp/adults/for-practice/increasing-vacc-rates.html

Chapter 3

LOGIC, REASON, AND THE SCIENTIFIC METHOD

Answering the Critical Questions With Certainty

3.1 - ***Collection, Analysis and Accessibility of Data***

According to the most recent CDC surveys, over 99% of Americans have had some level of exposure to vaccination. Less than 1% of Americans. More recent calibrations place this number at less than one million souls in all age groups, who are entirely unexposed to vaccination. The imperative nature of this remaining scientific evidence, i.e. the entirely unexposed controls, cannot be overstated. The only valid or relevant scientific method to be implemented here, requires that we immediately capture and preserve as much health data as possible for these controls and conduct a risk evaluation using this data as a baseline for comparison against health outcomes in the 99% vaccinated population, in each cohort age group. The Stratification of subsets will further crystallize the relevance and certainty of the risk assessments made by this survey study.

3.2 - ***What are the Modern Risks?***

Readily-available and authoritative studies demonstrate an association between naturally-occurring "vaccine-preventable" infections and lower rates of immune-related and deadly diseases. [27] [28] [29] [30] [31] [32]

---

[27] A mounting body of research is now demonstrating a correlation between common childhood infections and lower rates of cancers and other diseases later in life, i.e., apparently better long-term health outcomes. However, the assumption that contracting these infections is the preventative factor, could be unfounded. The observed reduction in chronic illnesses could be solely due to a lack of exposure to vaccines. This study model will numerically quantify these factors. See: **History of chickenpox in glioma risk: a report from the glioma international case**–control study (GICC)E. Susan Amirian; Michael E. Scheurer; Renke Zhou; Margaret R. Wrensch; Georgina N. Armstrong https://onlinelibrary.wiley.com/doi/full/10.1002/cam4.682

[28] **Mumps and ovarian cancer: modern interpretation of an historic association** Cancer Causes Control. 2010 Aug; 21(8): 1193–1201. Published online 2010 Jun 18. doi: 10.1007/s10552-010-9546-1 PMCID: PMC2951028 NIHMSID: NIHMS235805 PMID: 20559706 Daniel W. Cramer, Allison F. Vitonis, Simone P. Pinheiro, John R. McKolanis, Raina N. Fichorova, Kevin E. Brown, Todd F. Hatchette, Olivera J. Finn, Ching C. Lau First published: 13 March 2016 https://doi.org/10.1002/cam4.682 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2951028/

[29] **Acute infections as a means of cancer prevention: Opposing effects to chronic infections?** Cancer Detection and Prevention Volume 30, Issue 1, 2006, Pages 83-93 Review Author links open overlay panel Stephen A.Hoption CannPhD[a], J.P.van NettenPhD[b]C.van NettenPhD[a] https://doi.org/10.1016/j.cdp.2005.11.001**,** Daniel Lachance **,** Sara H. Olson https://www.sciencedirect.com/science/article/abs/pii/S0361090X06000043

[30] **Do childhood diseases affect NHL and HL risk? A case-control study from northern and southern Italy.** Leuk Res. 2006 Aug;30(8):917-22. Epub 2006 Jan 6. Montella M[1], Maso LD, Crispo A, Talamini R, Bidoli E, Grimaldi M, Giudice A, Pinto A, Franceschi S. https://www.sciencedirect.com/science/article/abs/pii/S0145212605004662

[31] **Delayed infection, family size and malignant lymphomas -** J Epidemiol Community Health. 2000 Dec; 54(12): 907–911. doi: 10.1136/jech.54.12.907 PMCID: PMC1731607 PMID: 11076986 P Vineis, L Miligi, P Crosignani, A Fontana, G Masala, O Nanni, V Ramazzotti, S Rodella, E Stagnaro, R Tumino, C Vigano, C Vindigni, and A. Costantini. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1731607

[32] **Risk factors for Hodgkin's disease by Epstein-Barr virus (EBV) status: prior infection by EBV and other agents** Br J Cancer. 2000 Mar; 82(5): 1117–1121. Published online 2000 Feb 1. doi: 10.1054/bjoc.1999.1049 PMCID: PMC2374437 PMID: 10737396 F E Alexander, R F Jarrett, D Lawrence, A A Armstrong, J Freeland, D A Gokhale, E Kane, G M Taylor, D H Wright, and R A Cartwright https://pubmed.ncbi.nlm.nih.gov/10737396/

[33] [34] However, there has been no research engineered to determine whether this difference is due to any specific preventive mechanism related to contracting these particular infections, or if vaccine avoidance alone, is the preventative factor. There is a very real possibility contracting these particular infections played no role in preventing any of these disorders later in life. The infections may have been due to these subjects having avoided vaccination, instead favoring the risks of a temporary infection over the risks of serious and permanent injuries, or even death, inherent to the use of unavoidably unsafe vaccination. Without establishing vaccination status, there is no method of making this determination.

3.3 - ***Pivotal Questions Answered With Stratified Subsets***

It is presumed the vaccinated population experiences lower overall rates of "vaccine-preventable" infections, and from this, we have extrapolated that vaccination reduces injuries and deaths. However, we must determine whether the risks inherent in preventing these temporary infections by vaccination currently presents a substantially higher, or lower, overall risk of disease, disability, and death. In order for this ratio to be established for evaluation, we must first ascertain the modern risks within the population having a 100% infection history *with these particular agents*.

The survey study model disclosed herein stratifies a subset of entirely unvaccinated subjects, 100% of whom, have already contracted one or more “vaccine-preventable” diseases, with further stratification according to the temporary infections contracted. Among these specific subsets, definitive assessments of the modern risks associated with contracting these particular infections will be established as a baseline for comparison against the risks associated with preventing these temporary infections by vaccination.

3.4 - ***Swift Production of Reliable Risk Factors***

The survey study model disclosed herein is the most accurate, swift, and relatively-inexpensive method of accumulating a robustly-redundant, and therefore accurate and fully-reliable, representative accounting of the disease, disability, and death rates for the entirely unvaccinated controls. Numeric accuracy will be validated with a random sample of professional medical screenings with which to adjust the accumulated health data. These disease, disability, and death rate percentages will then be used as a comparative against cohort age-groups within the over 99% vaccine-exposed population as reflected in our National health statistics. This will produce the relative risk factors between these two populations. [35] [36]

---

[33] ***Day care in infancy and risk of childhood acute lymphoblastic leukaemia: findings from UK case-control study*** *BMJ 2005; 330 doi: https://doi.org/10.1136/bmj.38428.521042.8F (Published 02 June 2005) Cite this as: BMJ 2005;330:1294* , C Gilham, statistician1, J Peto, professor of epidemiology2, J Simpson, research fellow3, E Roman, professor of epidemiology3, T O B Eden, professor of pediatric oncology (etim.eden@manchester.ac.uk)4, M F Greaves, professor of cell biology5, F E Alexander, professor of statistics 6, for the UKCCS Investigators - Accepted 15 March 2005 https://pubmed.ncbi.nlm.nih.gov/15849205/

[34] ***Early life exposure to infections and risk of childhood acute lymphoblastic leukemia*** International Journal of Cancer - Epidemiology**,** Kevin Y. Urayama, Xiaomei Ma, Steve Selvin, Catherine Metayer, Anand P. Chokkalingam, Joseph L. Wiemels, Monique Does, Jeffrey Chang, Alan Wong **-** First published: 09 November 2010 https://doi.org/10.1002/ijc.25752 https://pubmed.ncbi.nlm.nih.gov/21280034/

[35] Statistical significance will be measure with the basic Pearson’s chi-squared distribution for all stratified data comparisons. Percentage threshold is preset at the highest stringency possible, thereby producing a mathematical impossibility the results will be invalid. The baseline assumption of concurrent disease and death rates, between the National averages and the unexposed, will be measured against the actual results.

[36] Potential confounding factors are eliminated in this study model, as detail in the specifications.

3.5 - ***The Stratified Subsets***

The specific methodology implemented by this survey study protocol will definitively answer the question- "Assuming a 100% *certain* infection, what are the numerical odds of injury, or death?" - to be measured against the risks associated with any vaccine exposure at all.

3.6 - ***The Risks Have Changed***

In this modern climate, in the wealthiest Nation on earth, many identifiable risk factors associated with poor outcomes from temporary infections no longer exist, and/or are minimal. These improved factors include regular access to a variety of nutritious foods, clean water, hygiene, and sanitation that limit disease spread and strengthen the immune system. Even scurvy, a potentially deadly disease was found to be effectively prevented with simple access to citrus. Is it logical to assume good health can be achieved, or protected, by routinely-injecting disease-causing agents, myriad toxic chemicals, and micronized, bio-available, toxic metals?

However seemingly expedient and highly profitable these routine injections may be, the true history of infectious disease paints an entirely different picture of disease "eradication", and the most effective means of achieving such a goal. Maintaining good physical health remains the single most effective means of preventing both infectious, and noninfectious, diseases, disabilities, and deaths.

Chapter 4

NUMBERS DON'T LIE. PEOPLE LIE ABOUT THE NUMBERS.

4.1 - ***Actuary Analysis: "Just the Facts Ma'am"***

Here, we're not attempting to locate the Higgs boson, or validate quantum field theories. An unbiased panel of forensic mathematicians, coupled with complete transparency of the raw data-sets and equations, is best suited for producing an accurate assessment of the relevant data. Excellent accountants, along with high quality risk assessment and statistical professionals, are perfectly suited for this particular task. Accepted standard equations will expose the truth here, in short order, and with verifiably repeatable accuracy.

It appears likely the most pivotally-definitive portion of this analysis will be found in the health outcomes of the subsets with 100% “vaccine-preventable” infection rates. For if their total risks of injury and death substantially differ from those who've prevented these same infections through vaccination, we will have a most certain understanding of the value, or lack thereof, in our current vaccine health policies and related expenditures.

Chapter 5

THE PATH TO OUR DEMISE: COMMUNIST HEALTHCARE

5.1 - *The Communist Model & Politically-Motivated Research*

The expansive Chinese-Communist political, media, and industry influence in the USA, is pervasive, parasitic, deeply-entrenched, and extremely deceptive. It now affects major sectors of our economy, including education, much of Hollywood, mainstream media, food supply, and even our medical industry. As a consequence, primary research efforts purported to be in search of the causes for our current catastrophic public health crisis, are now largely politically-motivated, i.e., in search of spurious "inequality" culprits for the destruction of biological systems. Such papers endlessly enumerate and stratify scientifically-irrelevant characteristics such as race, income, gender, gender-confusion, and even inequality-related childhood emotional traumas, while strictly avoiding the most biologically-plausible causative factor.[37] [38] [39] [40]

5.2 - *"Inequality" is Not the Cause of Our Nation's Health Crisis*

Such research efforts attempt to blame our Nation's rapidly declining health on our failure to adopt a communist system of government. Here we witness the creation of the problem and the presentation of their solution, i.e., the Hegelian dialectic. Such specious research models frame very real biomedical problems as if they are caused by a flaw in our chosen system of government, and are specifically engineered to produce societal and racial divisiveness. The pretense of science-based medicine has collapsed into a social and political agenda. Research genuinely focused on locating biological, and therefore scientifically rational, causes for this crisis, is largely unfunded, actively censored, and vehemently suppressed. To the extent humans are free, they will generally be happy, more prosperous, and unlikely to suffer many "inequality" cancers, or much race-induced brain damage.

5.3 - *Public Health under Communist Rule & Vaccine Sacrifices*

In a communist governmental structure, the goal of "public health" assumes individual sacrifices are always required for the greater good, and all such individual sacrifices are considered good for the commune, even when those sacrifices include a wholesale destruction of human health. Within this paradigm, individual rights, or even basic God-given rights, such as the right to not be murdered by government for no reason, are irrelevant. The base logic of this ideal is the fundamental belief that all sacrifices made for the common good are somehow beneficial to the herd, and therefore, *those sacrifices need not be counted*.

---

[37] ***Income-related inequalities in diseases and health conditions over the business cycle*** - Health Econ Rev. 2017; 7: 12. Published online 2017 Mar 9. - doi: 10.1186/s13561-017-0150-x - PMCID: PMC5342994 - PMID: 28275988 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5342994/

[38] ***Editorial: Social Inequities in Cancer*** - Front Oncol. 2019; 9: 233. - Published online 2019 Apr 4. doi: 10.3389/fonc.2019.00233- PMCID: PMC6458240 - PMID: 31019897 - Dana Hashim, Friederike Erdmann, and Hajo Zeeb https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6458240/

[39] Health News Reuters - April 15, 2015 / 8:35 AM - **Childhood trauma may raise risk of type 1 diabetes** https://www.reuters.com/article/us-childhood-trauma-diabetes/childhood-trauma-may-raise-risk-of-type-1-diabetes-idUSKBN0N61X120150415

[40] **Lifestyle and socio-economic inequalities in diabetes prevalence in South Africa: A decomposition analysis** PLoS One. 2019; 14(1): e0211208. Published online 2019 Jan 30. doi: 10.1371/journal.pone.0211208 PMCID: PMC6353159 - PMID: 30699173 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6353159/

5.4 - ***Industrial Censorship & Profits***

There is a stark institutional unwillingness to research and publish data that would help determine plausible physical causes of our immune-related health crisis, or identify truly effective preventative measures. Instead, most related research funding, whether private or public, is devoted to concocting patentable and profitable new drugs to treat all of these new disabling and deadly conditions. Our top "scientists" claim they *still* have no idea what might be causing all of these immune disorders. And this might actually be true, because they're too busy patenting expensive treatments instead of investigating the most obvious biological cause. [41]

Both mainstream and "independent" researchers in the immunological field do not dare to investigate how *vaccines* have negative effects upon the human immune system, let alone expect funding with such a research focus in mind. The rampant saturation of our population with repeated injections of immune-system altering vaccines as a possible causative factor in immune system disorders, is a postulate that has escaped *all* researchers whose careers depend upon pharmaceutical funding. [42]

5.5 - ***This Parasite is Now Poised to Swallow Our Nation Whole***

Previously, the parasitic relationship the Pharma/Medical complex has enjoyed with our government posed a somewhat limited threat to our Nation's survival. But this changed, as National leadership aligned more perfectly with these demonstrably-nefarious common end-goals for this Nation. Regardless of the factors leading to the threat we now face, this parasite has clearly outgrown its host. It's currently poised to swallow this Nation's people whole, thereby collapsing the entire system they support, including governmental structures. And in the end, taxing the last few who remain viable into oblivion will not be enough to support this parasite.

5.6 - ***Moral Authority?***

Our Nation's recent experiences with the purportedly "leading public health authority", the World Health Organization, have exposed the fact public health authorities are plagued with agendas destructive to public health.[43] [44] Neither our politicians nor our health agencies are morally or

---

[41] The 2005 HHS Report to Congress, "Progress in Autoimmune Diseases Research states: "Since cures are not yet available for most autoimmune diseases, patients face a lifetime of illness and treatment. They often endure debilitating symptoms, loss of organ function, reduced productivity at work, and high medical expenses." This report goes on to state that massive funding for research on highly profitable treatments for the pharmaceutical industry are essentially the only "answer" to the problems. Nowhere in this report is there a suggestion the most obvious biological causes, i.e., exposures to drugs which are specifically designed to *permanently alter the human immune system,* should be investigated. https://www.niaid.nih.gov/sites/default/files/adccfinal.pdf

[42] *Relation of study quality, concordance, take home message, funding, and impact in studies of influenza vaccines: systematic review* - British Journal of Medical Science
BMJ 2009; 338 doi: https://doi.org/10.1136/bmj.b354 (Published 12 February 2009) Cite this as: BMJ 2009;338:b354
https://www.bmj.com/content/338/bmj.b354

[43] On February 2nd, 2020, President Trump restricted travel from China. As late as March 30th, 2020, the official statement from the WHO was that the Covid-19 virus was *not* airborne, was not communicable, and could *not* be spread between humans. Dr. Tedros Adhanom Ghebreyesus, director general of the World Health Organization, claimed that America's travel-ban was based solely upon "xenophobia". Dr. Ghebreyesus, (who, like Bill Gates, is *not* a medical doctor) continued repeating Chinese propaganda to cover up the true origin and nature of the virus, and he continues his slanderous propaganda campaign, even as the USA halts WHO funding and begins an investigation for fraud and potentially, crimes against humanity. This is but one of many current publications on this subject. See e.g., https://www.washingtonexaminer.com/news/world-health-organization-insists-coronavirus-not-an-airborne-disease-as-experts-raise-possibility

[44] CBS News: May 21st, 2017 REPORT: **Cash-strapped UN health agency spends about $200 million a year on travel -** The WHO routinely busts the budget booking decadant luxery flights and 5 star hotel rooms. London: The World Health

otherwise qualified to decide whether Citizens should submit themselves or their children to dangerous and invasive medical procedures, the mechanisms for which, are "poorly understood".[45] Obvious monetary incentives, treasonous political agendas, and even ordinary neglect, pose almost unlimited threats to public health in the USA, with cataclysmic results that are now clearly visible. [46] [47]

Organization routinely spends about $200 million a year on travel -- far more than what it doles out to fight some of the biggest problems in public health including AIDS, tuberculosis or malaria, according to internal documents obtained by The Associated Press." https://www.cbsnews.com/news/world-health-organization-un-agency-spends-big-on-travel-report/

[45] ***Mechanisms of stimulation of immune response by aluminium adjuvants*** - "The mechanisms by which aluminum adjuvants selectively enhance the immune response are poorly understood." Aluminum is the most popular adjuvant in use today. See: - Pubmed - June 2002 - Vaccine 20 Suppl 3(Suppl 3):S34-9 DOI: 10.1016/S0264-410X(02)00169-X https://pubmed.ncbi.nlm.nih.gov/12184362/

[46] Over 400,000 deaths per year due to medical mistakes - ***A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care -*** James, John T. Journal of Patient Safety: September 2013 - Volume 9 - Issue 3 - p 122-128 doi: 10.1097/PTS.0b013e3182948a69 "[ ] however, one must hope that the present, evidence-based estimate of 400,000+ deaths per year will foster an outcry for overdue changes and increased vigilance in medical care to address the problem of harm to patients who come to a hospital seeking only to be healed. https://pubmed.ncbi.nlm.nih.gov/23860193/

[47] ***Cancer doctor who prescribed $35 million worth of unnecessary chemotherapy gets 45 years in prison*** - *Business Insider* - Christina Sterbenz - Jul 10, 2015, 11:12 AM - *https://www.businessinsider.com/michigan-oncologist-farid-fata-charged-with-fraud-sentenced-to-45-years-in-prison-2015-7*

Chapter 6

CURRENT VACCINATION RISK ASSESSMENT

6. 1 - ***VAERS: The Monitoring System with a 99% Failure Rate:***

The Vaccine Adverse Event Reporting System ("VAERS") permits passive reporting of adverse events that occurred within 7 days to as much as 30 days after injection with vaccines, and only for those conditions considered “reportable”. In 2011, Harvard Pilgrim Health Care, Inc. conducted a study of the automation of vaccine adverse event reporting to VAERS for the U.S. Department of Health and Human Services (HHS) which found that less than 1% of reportable adverse vaccine events were ever reported. An automated and more efficient reporting system was urged to protect public health.[48] This reporting protocol has never been implemented by HSS.

In setting vaccine policies in the USA, our public health authorities rely on a risk-reporting system with a higher than 99% failure rate. Less than 1% of adverse events are actually reported to the government.[49] This glaring underreporting appears to be due to the fact there is no enforcement mechanism in place to assure adverse events are ever reported, i.e., there are no penalties for those who become aware of adverse events, but who fail or refuse to report them. Consumers who receive vaccines are generally unaware that VAERS exists or how to report, and therefore would only report adverse events to their medical professionals, who apparently report less than 1% of them, much less those they might not become aware of.

It is logical to conclude that an even lower percentage of long-term and progressive immune system injuries, leading to other serious health outcomes and deaths, will ever be reported as having been attributable to a product deceptively marketed as "safe". Due to their ability to trigger and permanently alter the human immune system, any assumption vaccines are incapable of causing delayed and long-term injuries, is wholly irrational.

6.2 - ***Pharmaceutical Retailers***

Vaccines are available without a prescription. Pharmaceutical retailers directly inject consumers with vaccines. Axiomatically, the pharmaceutical industry's retail outlets are financially conflicted. Consumers faced with a health emergency after a vaccine injection, would contact a medical professional rather than a drug retailer. Pharmaceutical retailers are highly unlikely to ever become aware of, much less report on, adverse events related to the drugs they profit from. If the adverse effects are delayed, but progressive, as seen in immune disorders, it's close to impossible such injuries will ever be attributed to the triggering event of vaccination, even if the vaccination was in fact the cause.

[48] ***Electronic Support for Public Health–Vaccine Adverse Event Reporting System*** - https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system

[49] ***Electronic Support for Public Health–Vaccine Adverse Event Reporting System*** (ESP:VAERS)Inclusive dates: 12/01/07 - 09/30/10 Principal Investigator: Lazarus, Ross, MBBS, MPH, MMed, GDCompSci - Performing Organization: Harvard Pilgrim Health Care, Inc -Grant Final Report- Grant ID: R18 HS 017045 - https://digital.ahrq.gov/ahrq-funded-projects/electronic-support-public-health-vaccine-adverse-event-reporting-system

6.3 – ***Medical Professionals Who Dispense Vaccines***

Vaccination programs can represent substantial and reliable sources of main or additional income in the medical profession, [50] together with regular insurance bonuses, labeled "preventative health bonuses" paid in exchange for maintaining high vaccination rates. [51] The actual funds for these bonuses originate from the pharmaceutical industry and/or pharmaceutically-funded NGOs, government grants, etc., with most of the proceeds laundered through insurance companies. This leads to obvious conflicts in the propensity of doctors and medical institutions to continually vaccinate all patients with every CDC recommended vaccine available. It also leads to a strong bias and consequent aversion to acknowledging adverse events as being attributable to vaccination, even if those vaccines were obtained elsewhere, such as at a retail drug outlet. These factors, and perhaps many others not mentioned here, help explain the obscenely low reporting rate of less than 1% of vaccine adverse events.

6.4 - ***Estimated Acute Adverse Events & Injuries***

In setting public health policies, it is entirely irrational to base vaccine-related public health policies upon a monitoring system with a 99% failure rate. The VAERS reporting rate, of less than 1%, indicates the number of actual acute injuries, hospitalizations, and even deaths after vaccination, would logically be of a magnitude at least 100 times greater than the data presently available through the VAERS. And there is no data available for the injuries that do not become apparent outside the short window of time after the vaccination, or that fall outside of the injuries listed as "allowable" to report.[52]

6.5 - ***Delayed Incendiary Devices***

Immune system injuries lead to *progressive* diseases. Much like a delayed incendiary device, these immune-related diseases, disorders, disabilities, and deaths, can take weeks, months, or even years after the initiating event before they are grave enough to require medical intervention. It is logical to presume that most, if not all, of this particular category of vaccine-injury remains concealed, and is never accounted-for. Without a retrospective comparative survey study, such as the one disclosed herein, there is no means by which the numerical risks associated with vaccination can be assessed.

6.6 - ***Delayed Reactions Are No Less Devastating***

It is irrational to assume all negative long-term reactions will be signaled by an immediate reaction. And even when preceded by an immediate reaction, less than 1% will be acknowledged at all according to VAERS. Follow-up directly from VAERS, is limited to less than 1% of the serious immediate reactions, and this follow-up data is concealed from public view. Additionally, many acute symptoms indicative of an immune system injury, such as fever, swelling, myalgia, muscle weakness, even prolonged screaming and loss of consciousness, are routinely dismissed as "normal" or "expected" *because they*

---

[50] **"Economic incentives and physicians' delivery of preventive care"** Review and special articles| Volume 28, ISSUE 2, P234-240, February 01, 2005 - A systematic review - https://www.ajpmonline.org/article/S0749-3797(04)00293-4/fulltext - DOI: https://doi.org/10.1016/j.amepre.2004.10.013

[51] An owner of various vaccine patents, the CDC, offers an incentive program known as AFIX which incentivizes health professionals and hospitals to increase their vaccination rates, offering financial incentives, scholarships, public recognition, and opportunities to receive additional funding directly from other pharmaceutical companies. https://www.cdc.gov/vaccines/programs/iqip/index.html

[52] HHS, VAERS Table of Reportable Events Following Vaccination (March 21, 2017) https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf

are so common. [53] For instance, an infant could scream for hours on end, run a fever, convulse, or even become unconscious as a result of an acute immune system injury, and the issue would never be investigated. A quietly-sleeping infant is generally thought to be a good thing. Other clear signals of injury, such as lethargy – a sign of encephalopathy, are so common in recently-vaccinated infants that they are routinely dismissed as mental disorders that are so "common" they don't warrant further investigation. A profound lack of follow up protocols and studies associated with these outcomes plagues the industry at this time. It is the status quo to *not* investigate vaccination as a possible cause. If such data is being tracked, or does exist, it's currently being hidden from public view.

6.7 - ***Evaluating the Risk/Benefit Ratio***

Drug retailers are permitted to inject vaccines without a prescription. And yet, the vaccine inserts caution medical professionals to "carefully evaluate the risk-to-benefit ratio" before injecting them into humans. This "ratio evaluation" is not possible. No medical professional or drug retailer has ever been *able* to follow this instruction before injecting a vaccine. The industry-standard defense to allegations vaccines cause injuries, is to point to a profound *lack* of relevant published research on the subject, as their "evidence" vaccines are incapable of causing harm, as if a lack of investigation is evidence of innocence. Such assumptions are not scientific evaluations. They are unsubstantiated and unscientific rationalizations engineered to protect the market for this class of product.

6.8 - ***The Empty Half of the Scale***

Teratogens and carcinogens can produce growth retardation and/or malformation during the fetal period, the first year of life, and in puberty. This obviously also applies to the potential to produce genetic mutations and cancers, and/or other serious chronic health issues, even in adults. [54] This is of particular concern in an age where myriad vaccines are now heavily pressed upon all pregnant women, newborn infants, children, adults, and even the elderly. Vaccines contain ingredients and contaminants that are known to be carcinogenic (e.g. formaldehyde, beta-propiolactone, and even glyphosate contaminant), yet vaccine inserts indicate that vaccines are not being evaluated for their teratogenic or mutagenic potential. There is no age group limitation, and almost no limitation to the number of vaccines that are currently urged upon the general public. And vaccines, in an almost unlimited number of exposures, are always justified with the continued claim "the benefits outweigh the risks". This claim remains entirely unsubstantiated.

One side of this risk/benefit scale sits numerically empty, i.e., the risk side, so objective decision making is impossible. No numerical ratio which could be evaluated has ever been established. The risk/benefit "ratio" is a term of *math*. It is not a subjective adjective, nor is it a moral or ethical term. Without this *data*, it is impossible to judge what the higher moral public health values should be with regard to mass vaccination programs.

[53] The Johns Hopkins Arthritis Center states: "Researchers don't know what causes autoimmune disease, but several theories point to an overactive immune system attacking the body after an infection or injury." https://www.hopkinsmedicine.org/health/wellness-and-prevention/what-are-common-symptoms-of-autoimmune-disease

[54] **Carcinogenesis and teratogenesis may have common mechanisms,** Harri Vainio, *Scandinavian Journal of Work, Environment & Health*, Vol. 15, No. 1 (February 1989), pp. 13-17

Chapter 7

VACCINE RISKS

CURENT STATE OF KNOWLEDGE & PRACTICES

7.1 - *Typical Vaccine Approved for Market*

A typical vaccine approved for use in all infants in the USA, the "Daptacel" vaccine, [55] demonstrates a 50% rate of acute systemic reactions following any dose. Cyanosis, (a symptom of oxygen deprivation) immune system disorders, convulsions, and many other severe side effects, have all been observed upon injection into infants. However, the worst reactions are not quantified numerically as compared against true "controls", and could also be delayed, thereby falling outside the limited timeframe of the clinical trial. This means developmental and progressive effects, due to the vaccinated infant's now-permanently-altered/injured immune system, will surely go unreported as a reaction to the vaccine. The noted screaming fits from vaccinated infants, for up to "48 hours" after injection, are classified by the researchers as "psychiatric disorders". Most infants are unable to articulate their specific symptoms or sources of pain, which may not be externally visible or diagnosable until later in the child's development.

Up to 46.2% of infants injected with this particular class of vaccine are observed by the researchers to experience myalgia and other early-warning symptoms of myositis, as well as many other early symptoms of progressive and potential disabling immune injury.[56] [57]

7.2 - *Missed Information - Lack of Investigation*

Prolonged screaming is an expected and common side effect when infants are vaccinated. There is a very real possibility most infants who scream for hours *after* the sting of vaccination has passed, have suffered an undetected but serious injury, and are in prolonged *physical* pain. Such injuries may only become diagnosable upon *an attempted investigation* which is unlikely to occur. Dismissing such reactions as mental disorders is irrational, negligent, and wholly unscientific. To make matters worse, the follow-up for serious adverse reactions after vaccination do not give an accounting of the infants' overall health, but rather, may only be an accounting of those health effects the researchers have subjectively decided to *attribute* to the vaccine. And, the parameters for health problems that are considered "reportable" as side-effects due to vaccination, are undefined. There is no disclosure of the exclusion factors.

7.3 - *Screaming Infants: Parents Are Told Not to Worry*

When an infant inexplicably begins a prolonged bout of screaming, a responsible parent will investigate, and even seek medical care and diagnosis, refusing to give up until they get to the bottom

---

[55] **STN#:** 103666 **Proper Name:** Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed **Tradename:** DAPTACEL **Manufacturer:** Sanofi Pasteur, Ltd. https://www.fda.gov/media/74035/download

[56] J Autoimmun. 2012 Dec;39(4):272-84. doi: 10.1016/j.jaut.2012.05.007. Epub 2012 Jun 28. ***Mechanisms of environmental influence on human autoimmunity****:* a National Institute of Environmental Health Sciences expert panel workshop. Selmi C[1], Leung PS, Sherr DH, Diaz M, Nyland JF, Monestier M, Rose NR, Gershwin ME. *https://www.ncbi.nlm.nih.gov/pubmed/22749494*

[57] "Myositis frequently occurs with other conditions, which share similar symptoms or affected organs. For example, people with myositis may have other autoimmune conditions like lupus or rheumatoid arthritis. They can also experience Raynaud's disease (this is a blanching of the fingers when exposed to the cold). Depending on how long the myositis symptoms have occurred and which muscles are affected, heart muscle or lung tissue can also become inflamed, leading to poor health consequences like heart arrhythmias and interstitial lung disease." Columbia University - Columbia Doctors - New York-Presbyterian *https://www.columbiadoctors.org/condition/myositis*

of it. However, if an infant's inexhaustible screaming occurs *after vaccination*, even when coupled with fever, that same parent will be told by a medical professional, "it's normal", thereby assuring it will not be investigated. This standard protocol allows for many serious injuries to go undetected until *after* the VAERS "allowable" reporting period has safely passed by. If one is in the business of manufacturing or distributing this class of product, this outcome is desirable because it protects future profits. The illusion of safety is good for pharmaceutical profits, but not for children's health. The package insert for Daptacel is a typical exemplar for vaccines in general. This, and/or similar products, are injected into most American infants more than two dozen times before the age of two. [58]

7.4 - ***Reactions/Injuries Are Not Numerically Quantified***

The overall public health risks of exposure to vaccines, either immediate or long-term, at any age, have never been quantified, i.e., expressed as numerical values. To date, the cumulative effects of repeated, and/or simultaneous multiple-combination dose exposures, have not been evaluated at all. The immediate effects of vaccination, which include brain inflammation and even death, have been characterized with adjectives and marketing slogans such as "safe" and "rare", but these descriptors do not provide the basis for a numerical risk/benefit analysis, nor do they help substantiate the patently false marketing slogans. These industry-standard risk characterizations, which are primarily limited to the immediate and very obvious reactions, are not objective statistical values.

7.5 - ***"Rare" is Not a Risk Factor or Scientific Term***

The adjectives used in vaccine label warnings to characterize the risks of vaccination, to the extent they are presented, are generally limited to the subjective adjectives "rare" and/or "extremely rare". At present, there is no means by which any medical professional or public health agency is equipped to evaluate the risk-to-benefit ratio of using this class of product, in any quantity, with regard to short-term, or long term outcomes. Numerical values are the only data relevant to the equation. These currently-missing numbers cannot be replaced with adjectives, which have no application in an equation. Access to a numerical ratio evaluation is the only possible means of informing vaccination policies that will best serve the interests of individual patients or public health. The survey study disclosed herein will provide this critical data.

[58] CDC 2020 Recommended Vaccinations for Infants and Children
https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html

Chapter 8

ASSUMPTIONS WITHOUT EVIDENCE:

8.1 - ***Death is an "Observed" Side Effect- We Need a <u>Numerical</u> Accounting***

The VAERS website openly admits this passive data collection system is incapable of producing numbers that can be relied upon in assessing the risks of any vaccine. [59] Furthermore, some vaccines (e.g., pertussis) often fail to prevent the infections they target, and others (e.g. seasonal flu shots) increase the risk of contracting non-target infections. There is a growing body of evidence they can increase the rates of infection with the very diseases they are intended to prevent or "eradicate", due to shedding of the injected viruses and bacteria. [60] [61]

Yet, vaccine failures always result in adding an extra "booster shot" to the schedule, which increases cumulative vaccine risks without addressing the underlying cause of the long-term ineffectiveness in disease prevention or non-specific effect on increasing the risk of non-target infections. The more vaccines fail to prevent infection, the more of them are sold, which is good for vaccine business, but not for public health.

It is interesting that the infections which seem to endlessly plague humanity, are primarily the ones for which there are a steady supply of profitable vaccines. Most others appear to be the only ones ever permanently "eradicated".

8.2 - ***The Risks <u>Are</u> "Knowable"***

The long-term, immune-impairing, developmental, teratogenic, fertility-impairing, disabling, and other serious risks of vaccination, remain unevaluated and without enumeration on the spurious premise these risks are "unknowable". However, due to the presence of approximately 830K entirely unvaccinated individual (controls) in the USA, (as of 2020) these comparative risks *are* knowable (using the health status of this 'control' cohort as a baseline), and can be accounted for with reliable accuracy as delineated herein.

---

[59] VAERS DISCLAIMERS: ""Underreporting" is one of the main limitations of passive surveillance systems, including VAERS. The term, underreporting refers to the fact that VAERS receives reports for only a small fraction of actual adverse events. The degree of underreporting varies widely." AND: "Please note that VAERS staff follow-up on all serious and other *selected* adverse event reports to obtain additional medical, laboratory, and/or autopsy records to help understand the concern raised. However, in general coding terms in VAERS *do not change based on the information received* during the follow-up process. VAERS data should be used with caution as numbers and conditions do not reflect data collected during follow-up." (Emphasis added.) https://vaers.hhs.gov/data/dataguide.html

[60] (CIDRAP News) – "Canadian researchers reportedly have found as-yet-unpublished evidence that people who had a seasonal flu shot last year incurred a higher risk of H1N1 infection, but US and World Health Organization (WHO) officials say they are not aware of any similar findings elsewhere." Filed Under: H1N1 2009 Pandemic Influenza; Public Health; Influenza Vaccines By: Robert Roos| Sep 24, 2009 https://www.cidrap.umn.edu/news-perspective/2009/09/unpublished-canadian-data-seasonal-flu-shots-and-h1n1-stir-concern

Increased Risk of Noninfluenza Respiratory Virus Infections Associated With Receipt of Inactivated Influenza Vaccine - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3404712/

[61] "But all of the sick students had been vaccinated against the disease, according to school officials. In fact, all 90 people who have recently come down with pertussis — the official name for whooping cough — in Los Angeles County this year had been immunized against it, according to county officials." ***Harvard-Westlake students were vaccinated. Dozens caught whooping cough anyway*** - LA Times - By Soumya Karlamangla - Staff Writer - March 16, 2019 https://www.latimes.com/local/california/la-me-ln-whooping-cough-vaccine-20190316-story.html

Chapter 9

CURRENT PRACTICES IN CLINICAL SAFETY ASSESSMENTS

9.1 - ***When applied in Science, Social Ethics Produces Unethical Outcomes***

The goal of disease "eradication" is the ethical justification for maintaining a blind eye to the number of sacrifices vaccination programs cause. The claim vaccination risks are "unknowable", is propped up with the argument that it would be "unethical" to deny *any* healthy human a "therapeutic" drug that *might* prevent a temporary infection, regardless of the fact that the risks of the therapy are unknown. [62] This is the foundational justification for the industry-standard refusal to use true controls, i.e., entirely unexposed subjects, for comparison of outcomes in vaccine safety trials. [63] [64]

9.2 - ***True Controls Have Not Been Present in Modern Clinical Trials***

In typical vaccine clinical trials, research subjects who are referred to as "controls" or "placebos" are injected with one or more *other* vaccines and/or adjuvants ("placebos") for outcome comparisons against the new vaccine being tested for "safety and efficacy".[65] The adverse reactions are reported to establish a short-term risk profile, pre-determined solicited adverse events and unsolicited reports of serious adverse events. As a general rule, true controls are not utilized as a baseline for comparison in vaccine clinical trials. All test subjects generally receive something active, and/or known to be potentially toxic, even in trace amounts. Nonetheless, such test subjects will be referred to by the vaccine manufacturer as "controls" who received "placebos".

This approach purposefully masks the true risks of vaccination, as they are found in the 'control' group at a similar rate, and hence deemed 'coincidental.' If there is no substantial difference in the rate of adverse events between the falsely-labeled "controls" and the subjects injected with the new vaccine, the new vaccine is considered acceptable. In some trials, the false "controls" have more side effects than the group receiving only the new vaccine. In these instances, the new vaccine will be reported to have *reduced* the risk of side effects. This is equivalent to giving the "controls" four shots of brandy, the test-subjects a hot toddy *with three shots of brandy*, and then checking to see who is more inebriated.

9.3 - ***The Domino Effect of False "Controls"***

A vaccine having already passed these erroneously-titled "control" studies will be assumed safe enough to qualify as an "unavoidably unsafe" but "approved" product, and will then become a new control-substance to be injected into future "controls" as a baseline for comparison against yet more

---

[62] The expert panel recommendations of the WHO state: "Randomized, placebo-controlled trial designs often raise ethical concerns when participants in the control arm are deprived of an existing vaccine. Furthermore, testing a new vaccine against placebo is scientifically and ethically fraught when the hypothesis being tested is whether an experimental vaccine is more efficacious than one already in use in the same or in other settings." See - Ref. 37

[63] The World Health Organization argues vehemently against the use of inert substances or true controls in any vaccine research. Their panel of "scientists" claims it is unethical to deny any test subject an injection of some kind during the trials. See: ***Placebo use in vaccine trials: Recommendations of a WHO expert panel***
Vaccine. 2014 Aug 20; 32(37): 4708–4712. doi: 10.1016/j.vaccine.2014.04.022 PMCID: PMC4157320
PMID: 24768580 https://www.sciencedirect.com/science/article/pii/S0264410X14005374

[64] An article from the pharma lobbying group, "Physicians Committee for Responsible Medicine" ***Human Experimentation: An Introduction to the Ethical Issues*** also argues vehemently against the use of true controls in vaccine trials, in one instance, claiming it would "deprive" the controls of a potentially live-saving whooping cough vaccine. https://www.pcrm.org/ethical-science/human-experimentation-an-introduction-to-the-ethical-issues

[65] ***Aluminium-based Adjuvants Should Not Be Used as Placebos in Clinical Trials,*** by Christopher Exley PMID: 21871940 DOI: 10.1016/j.vaccine.2011.08.062 https://pubmed.ncbi.nlm.nih.gov/21871940/; and regarding use of other vaccines as "placebos" see: https://www.fda.gov/media/77017/download ; https://www.fda.gov/media/75695/download

new vaccines being tested. This industry-standard clinical trial model creates a domino effect of fraudulently-manufactured "safety" perception. It is the wholesale rejection of the scientific method.

It is reasonable to assume this practice has led to increasingly more dangerous vaccines being approved for the market. The single most imperative and foundational scientific method in toxicology, which *does* require true controls, has been slandered as "unethical" *and disposed of* in most vaccine-related research.

9.4 - ***The Scientific Method & Applied Ethics***

In toxicological science, "controls" are subjects who have not been exposed to anything active, and/or who have only received a *true* placebo known to be completely inert, i.e., incapable of producing any biological effect. In toxicology studies, referring to subjects as "controls" when they've been injected with obviously active, and/or toxic substances, is simply a *fraud*. In vaccine science, this blatant scientific fraud is defended as the only "ethical" study method available. The corruption of basic scientific nomenclature is cover for the rampant fraud in vaccine “safety science” of today.

9.5 - ***Therapy and Ethics Redefined***

In vaccines trials these "ethical" justifications, for a lack of true controls, are applied to perfectly healthy subjects, who are not in *need* of any therapy. And frequently, these clinical trials include "controls", who are injected with an aluminum, or other adjuvant, but not with the purportedly "therapeutic" viral or bacterial antigen. There can be no possible therapeutic benefit related to such devices. A truly unexposed control would be equally "ethical" (as it’s defined in this branch of “science”) in these particular trials, since the purported ‘therapeutic’ device is not injected. When using this methodology, the "therapeutic" justification for a lack of controls is merely an additional obfuscation, rather than any "ethical" or therapeutic consideration.

9.6 - ***Triggered: Pharma and the Medical Journals***

Many immune disorder studies focus entirely on genetic mutations, heredity, and predisposition for immune system disorders, but entirely *ignore* vaccines as a possible culprit. It’s truly just an effort to find anything *other than* vaccines to blame. The scant studies that do examine vaccines as a possible cause of immune disorders are rarely published, due to the fact all major medical journals are funded primarily by the pharmaceutical industry. However, some have surfaced. [66] [67] [68] The word "triggered" (by vaccines) is a frequent term of art in this narrow and obscure branch of research. When genetics are the focus of causation, the genetic mutations leading to such vulnerabilities are blamed *for* the vaccine reactions, which it is claimed were only "triggered" due to existing defective genes, and not the

[66] **Autoimmunity following hepatitis B vaccine as part of the spectrum of 'Autoimmune (Auto-inflammatory) Syndrome induced by Adjuvants' (ASIA): analysis of 93 cases.** Lupus. 2012 Feb;21(2):146-52. doi: 10.1177/0961203311429318. https://www.ncbi.nlm.nih.gov/pubmed/22235045

[67] **Temporal association of certain neuropsychiatric Disorders Following Vaccination of children and adolescents: a Pilot case–control study** - https://pubmed.ncbi.nlm.nih.gov/28154539/

[68] **Vaccinations and risk of systemic lupus erythematosus and rheumatoid arthritis: A systematic review and meta-analysis** - https://www.sciencedirect.com/science/article/abs/pii/S1568997217301340

vaccine. The fact vaccines are known to be capable of causing genetic mutations is obtusely, (or obscenely) avoided in such research, but some researchers have clearly made the connection. [69] [70]

Almost any toxic assault on the body can “trigger” an immune response, particularly when injected directly into the bloodstream.[71] The assumption this is *always* a positive outcome, because it demonstrated a vaccine's "efficacy" (by triggering a *poorly-understood* immune reaction) is wholly irrational. Blaming "bad genes" for vaccine reactions, is equivalent to pulling the "trigger" on a gun, and then blaming the victim's inadequate skull-thickness for their consequent death.

[69] ***Concerns of Vaccine-Induced Genetic Mutation*** **"**Many vaccines use “immortal cell lines”. These are cancerous cells with no limit on how many times they can divide. The most commonly known type of tissue used is of the human diploid variety extracted from aborted fetal tissue. These cell lines are easily contaminated with pathogens and spread cancer (mutation-promoting) material to humans." See: Harasawa R, Latent Risk in Bovine Serums Used for Biopharmaceutical Production, http://www.asmusa.org/pcsrc/sumO2.htm; Levings RL, Wessman SJ, bovine diarrhea virus contamination of nutrient serum, cell cultures, and viral vaccines, *Dev Biol Stand*, 1991; 75:177-181; Giangaspero M et al, Genotypes of pestivirus RNA detected in live virus vaccines for human use, *J Vet Med Sci*, 2001: 63(7):723-733. PMID 11503899, and: Harasawa R, Miznsawa H, Detection of Pestiviruses from Mammalian cell cultures by PCR, Procedings of 3rd Internat World Congress on Biomedical Sciences, 1996; 12.-9.-20 Riken, Isukuba, Japan, http://www.3iwc.riken.go.jp/congress/sympo/sbb0202/ako111/tit.htm

[70] It is well understood that health is related to genetics. Detailed reports show the many identified cancerous and genetic consequences of vaccine contamination, and expose the fact each vaccine dose is allowed 100,000,000 pieces of DNA, not including the DNA in the viral and viral-contaminated portions. Any allowable piece of DNA is a risk. SEE; Ho M et al, Slipping through the regulatory net: ‘Naked’ and ‘free’ nucleic acids. *TWN Biotechnology and Biosafety Series*, No. 5, 2001. http://www.twnside.org.sg/title/biod5.htm Points to consider on Plasmid DNA vaccines for preventive infectious disease indications. *FDA/CBER, Office of Vaccine Research and Review*, 1996, http://www.fda.govc/cber/glns/plasmid.txt

[71] "Immunotoxicology is defined as the study of events that lead to undesired effects as a result of interaction of foreign substances (e.g., xenobiotics) with the immune system. Toxic responses might arise when the immune system either (1) acts as a passive target of chemical insult, leading to a relatively broad-spectrum loss or potentiation of function; or (2) responds to the antigenic specificity of the chemical as part of a specific immune response. In the latter instance, a more limited population of antigen-specific immune cells is the initial target of the chemical interaction, with the potential for toxic responses to occur (e.g., in the skin or lungs), subsequent to the specific interaction between the chemical antigen (hapten) and host antibody or sensitized cells." ***Toxicity to the Immune System: A Review*** - Jack H. Dean, Joel B. Cornacoff, Michael I. Luster - In: Hadden J.W., Szentivanyi A. (eds) Immunopharmacology Reviews. Springer, Boston, MA - DOI: https://doi.org/10.1007/978-1-4615-7252-7_6 Online ISB: 978-1-4615-7252-7 Abstract at: https://link.springer.com/chapter/10.1007/978-1-4615-7252-7_6

Chapter 10

PLAUSIBLE CAUSATION IS WELL ESTABLISHED

10.1 - ***Biological Plausibility of Universal Damage***

Vaccines carry the formal legal classification of "unavoidably unsafe", and are designed to cause permanent alterations to the human immune system. The mechanisms by which vaccine adjuvants trigger these alterations remain "poorly understood". The human immune system is extremely complex and powerful. Its proper function and regulation is indispensable for overall health. When gone awry, it has the universal potential to injure, disable, and even destroy, the organs, tissues, and systems. During the early events of the AIDS crisis, it was also established that a disabled or injured immune system can lead to cancers, and myriad other health problems. The range of damage that can result from an overactive and/or confused immune system are broad, and include cancer, genetic damage, brain and nervous system destruction, heart disease[72], diabetes [73], other vital organ injuries and failures [74] [75], seizure disorders, paralysis, asthma, life-threatening allergies, arthritis, skin disorders, and a host of increasingly common, but previously rare, or even previously unheard of, immune diseases.

10.2 - ***Intellectual Disabilities***

It is logical to assume a product which "triggers", *and has been observed to cause* brain inflammation and nervous system damage, as is noted in vaccine insert warnings, is *also* capable of causing behavioral and intellectual disorders. [76] [77]

---

[72] ***Autoimmunity: From Bench to Bedside*** - Chapter 38 - Cardiovascular involvement in autoimmune diseases Jenny Amaya-Amaya, Juan Camilo Sarmiento-Monroy, and Adriana Rojas-Villarraga. https://www.ncbi.nlm.nih.gov/books/NBK459468/

[73] ***Failing Immune System 'Brakes' Help Explain Type 1 Diabetes in* Mice** - Johns Hopkins Medicine Newsroom- 08/29/2018 - Lead author Marcos Iglesias, and Anirudh Arun, Maria Chicco, Brandon Lam, Conover Talbot, Vera Ivanova, W.P.A. Lee and Gerald Brandacher of the Johns Hopkins University School of Medicine. Supported by the American Diabetes Association (1-10-JF-43), The Starzl Transplantation Institute, the Baltimore Diabetes Research Center, the American Association of Immunologists and JDRF (2-SRA-2016-304-S-B). https://www.hopkinsmedicine.org/news/newsroom/news-releases/failing-immune-system-brakes-help-explain-type-1-diabetes-in-mice

[74] ***The role of the immune system in kidney disease*** **- "**A dysregulated immune system can have either direct or indirect renal effects." Clin Exp Immunol. 2018 May; 192(2): 142–150. - Published online 2018 Mar 24. doi: 10.1111/cei.13119 - PMCID: PMC5904695 - PMID: 29453850 - J. Tecklenborg, D. Clayton, S. Siebert, and S. M. Coley https://pubmed.ncbi.nlm.nih.gov/29453850/

[75] ***The immune system: relation to sepsis and multiple organ failure*** **-** AACN Clin Issues. 1996 Aug;7(3):339-50; quiz 459-60. Kellum JA, Decker JM.

[76] ***Neuroinflammation: Ways in Which the Immune System Affects the Brain*** - Neurotherapeutics. 2015 Oct; 12(4): 896–909. Published online 2015 Aug 26. doi: 10.1007/s13311-015-0385-3 - PMCID: PMC4604183 PMID: 26306439 - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4604183/ Richard M. Ransohoff, Dorothy Schafer, Angela Vincent, Nathalie E. Blachère, and Amit Bar-Or

[77] ***The Jeremiah Metzger Lecture: Inflammation, Immune Modulators, and Chronic Disease*** Trans Am Clin Climatol Assoc. 2015; 126: 230–236. ; PMCID: PMC4530690; PMID: 26330682 Raymond N. Dubois, MD, PhD https://pubmed.ncbi.nlm.nih.gov/26330682/

Chapter 11

VALUE & LIMITATIONS

11. 1 - ***The Limited Value of Additionally-Specific & Cumulative Risk Data***
Repeated, and/or increased levels of exposure to substances known to be "unavoidably unsafe", obviously increases risk, even if considered safe in "trace" amounts. Medical "experts" urge over 70 vaccine injections before the age of 18 to prevent infections. The fact vaccines contain various known toxins that have already been tested on a gradient, i.e., increasing dosages increases toxic effects, is well established. It is also a scientific and legal certainty that vaccines are unavoidably unsafe, which again, in plain English, is the synonym for dangerous.

11.2 - ***Cumulative Risk***
This survey study model is not designed to evaluate the varying degrees of risk associated with specific vaccines, the cumulative effects of repeated exposures over time, or the risks associated with varying levels of exposure at one time in combination doses. The data-gathering processes, coupled with the comparative model analysis detailed herein, are specifically calculated to establish the numerical risks for complete vaccine avoidance vs. the risk of vaccination exposure at any level. As detailed further in this description, data specific to vaccine-preventable infections that have occurred will be stratified, and those outcomes will complete our understanding of the modern risks specifically associated with contracting vaccine-preventable infections, as compared to the risks associated with preventing these infections through vaccination.

11.3 - ***Data To Be Assessed***
This risk assessment of the unexposed, i.e., the entirely unvaccinated "controls", will include all temporary infectious diseases and outcomes, all chronic-noninfectious diseases, all permanent disabilities, diagnosed behavioral disorders, all brain and nervous system disorders, and all related deaths. This survey study will exclude health issues, disabilities, and/or deaths, which are the result of physically traumatic injury, whether intentional or accidental, i.e., missing or injured limbs or other body parts related to traumas. We will compare these numbers in each category of disease, disability, and death in the unvaccinated, to these same risks for any vaccine exposure, correlated for age grouping, as expressed in our published National statistics for the 99% vaccine-exposed population in the USA. The identical exclusion criteria will be used for both populations.

11.4 - ***Stratification of Sub-groups***
Again, another objective of this survey study is to determine the over-all injury and death rates for the unvaccinated population who *have* specifically contracted currently “vaccine-preventable” infections, no matter the source of those infections. A subset of data will simultaneously be collected from those unexposed control subjects who have contracted “vaccine-preventable” infections, in order to establish the incidence rate of “vaccine-preventable” infections, as well as respective outcomes specific to those who've become infected. This will establish a baseline valuation of the risks associated with failing to prevent these specific infections by vaccination, as to be compared to the disease, disability, and survival rates of those who apparently suffer a lower rate of these particular infections due to vaccination. This particular evaluation is critical with regard to the many temporary infections which saw historically low injury and death rates *prior to* introduction of the vaccines intended to

prevent them. [78] This data will advance our understanding of the modern risk-to-benefit ratios of preventing these particular infections by vaccination.

11.5 - ***Ethical Considerations - Prospective vs. Retrospective***

In a prospective risk assessment, the ethical justifications for injecting subjects labeled as "controls" with biologically active and toxic substances, desperately grasps at a fragile whisper of validity, even within the accepted "standards" of modern pharmacopeia. Fortunately however, these justifications and "ethical" consideration are not relevant to a retrospective observational risk assessment, which does not intervene in the health of the subjects or offer any purportedly beneficial "therapy", such as a neurotoxic aluminum adjuvants for the falsely-labelled 'controls'.

[78] Guyer, B., Freedman, M. A., Strobino, D. M., & Sondik, E. J. (2000). *Annual Summary of Vital Statistics: Trends in the Health of Americans During the 20th Century. PEDIATRICS, 106(6), 1307–1317.* doi:10.1542/peds.106.6.1307 sci-hub.tw/10.1542/peds.106.6.1307 https://pediatrics.aappublications.org/content/106/6/1307

Chapter 12

POTENTIAL CONFOUNDERS: CONSIDERATIONS & SOLUTIONS

The potentially confounding factors, relevant to the public health benefits and risks of vaccination to be established by this survey study model, are addressed below:

12.1 - *Financial Bias - Pharmaceutical Industry Influence*

The single most obvious potential source of bias eliminated by this survey study model is the exclusion of all persons having any financial ties to the pharmaceutical industry. This is a tall order given that most, if not all, medical schools and immunology-related fields of research receive financial support, either directly or indirectly, from the pharmaceutical industry.

Most of our public health agencies have similar motives and ties. For instance, the CDC owns vaccine patents and obtains regular grants in exchange for continually increasing vaccine uptake in the general population. This bias is also seen in almost all mainstream medical journals, which, as a rule, receive more than 90% of their funding from the pharmaceutical industry. [79] For health agency workers, even where not directly financial, biases can include a desire to continue defending the vaccine-related public health policies presently in place, and which have always insisted that vaccines are "safe". Relative to the potential outcomes of this particular survey study, the group that stands to lose or gain the most financially and/or in reputation, is found in the pharmaceutical industry and all of its beneficiaries. The identifiable group that maintains a similarly clear bias, are members of our public health agencies, who continually endeavor to increase their funding for vaccination programs, while continuing to conceal from public view, the fact vaccines are "unavoidably unsafe". Many of our leaders in public health agencies are also deeply entrenched in direct financial motivations as well.

Fortunately, this survey study model does not require the participation of immunologists or infectious disease experts to produce numerically-accurate statistical health data. And the medical screenings in this survey study will be produced by doctors who are more than capable of confirming health outcomes.

12.2 - *Medical Screenings & Accuracy*

Even the most astute MD's could fail to spot some existing health problems in a standard medical screening. However, the sampling of direct medical screening protocols in this survey study of the entirely unvaccinated population will likely capture more accurate and complete data on the existing health problems within our target population, than those captured and compiled in our National disease statistics. It is reasonable to expect the data used to compile our comparatives with this protocol will have a higher degree of accuracy than is found in our National statistical models. This would only skew the results as *against* better health outcomes for the entirely unvaccinated population. In this scenario, any significant numbers in the direction of better comparative health outcomes in our target population, would only increase the reliability of any numbers indicative of decreased health risks for the unvaccinated population. In other words, the methodology of this survey study will more fully expose any health problems that do exist within the entirely unvaccinated

[79] ***How ghost-writing threatens the credibility of medical knowledge and medical journals,*** Haematologica. 2010 Jan; 95(1): 1–2. doi: 10.3324/haematol.2009.017426, PMCID: PMC2805735 - PMID: 20065074 https://pubmed.ncbi.nlm.nih.gov/20065074/

population, and is less likely to produce underreported health problems than our National Statistics, which represent the 99% exposed population.

This protocol will only serve to reduce, or largely eliminate, potential confounding due to underreported health problems in the unvaccinated population. Confounding errors that result from underreported health data in our National statistics could make the 99% vaccinated population look healthier than they are. However, it is far less likely this particular survey study would produce errors that skew the picture in that same direction for the unvaccinated population. The only potentially confounding factor here, is that the 99% vaccinated population could appear to be healthier than they actually are, relative to the accuracy of the data that will be compiled for the unvaccinated population.

12.3 - ***Bias: "Vaccine-Awareness" Groups & Members***

Vaccine-safety-concerned citizen groups have clear biases, but it is also objectively true that these particular types of groups and their members do not profit from vaccine sales. Logically, the unvaccinated population is primarily comprised of "anti-vaxxers" since it's difficult to *avoid* exposure to vaccines in our present climate. This is due to employment, educational, and other mandates that now exist in the USA, as well as the ubiquitous Pharma-funded slander and discrimination campaigns, specifically engineered to incite attacks against those who dare question vaccine safety. The source of this "anti-vaxxer" bias against vaccines must be examined, along with the origins of the personal attacks they've been exposed to by our mainstream media and big tech corporations.

There is a stark contradiction between the marketing slogan "safe" and the formal legal classification of vaccines as an "unavoidably unsafe" product. Concern for safety is the primary reason given by those who avoid vaccination. This is an objectively reasonable position, given that vaccines are *in fact* unavoidably unsafe. Safety concerns, and consequent abstinence, often triggers media-induced, pre-programmed attacks, name-calling, and even threats. However, allegations the "anti-vaxxer's" safety concerns are disingenuous, born out of ignorance, or are motivated by hidden and nefarious agendas, such as a secret desire to spread infectious diseases and kill people, amount to nothing more than entirely unsubstantiated propaganda campaigns, implemented by those who benefit financially from the pharmaceutical industry.

A lack of numerical risk factors with which a citizen might weigh the potential benefits against the risks, is logically disconcerting to those who are capable of understanding the difference between the words "safe" and "unsafe".[80] For some citizens, a permanent state of cognitive dissonance is not an acceptable lifestyle choice. It is apparently impossible to convince these particular citizens that routine injections with "unavoidably unsafe" drugs will improve their health. It is objectively *irrational*, ignorant, and uneducated, to believe an unavoidably *unsafe* product is "safe", particularly when the risks of that product have never been enumerated. It is only the ignorant or deceptive who call a person 'crazy' because they question the "safe" slogan of a drug that is legally classified as unavoidably unsafe.

[80] ***Vaccines & Cognitive Dissonance – Inside the Pro-Vaxxer Mind*** written by an obviously vaccine skeptical citizen, exemplifies the mistrust, and reasons for it. - December 26, 2015 by Joel Edwards "Along with the belief that vaccines are "safe and effective" come other beliefs. There is a belief that vaccines do not cause autism, that vaccine reactions are rare, and so on. This is what the public is told about vaccines through the mainstream media. Despite these beliefs having no basis in scientific reality, they are continually reinforced by propaganda-laden journalism. https://www.organiclifestylemagazine.com/vaccines-cognitive-dissonance-inside-the-pro-vaxxer-mind#image-13555_featured

Some vaccine-awareness groups do raise money through non-profit foundations, and some even promote and sell vitamins and herbal supplements. These types often urge people to take responsibility for their own health through better diet and habits, and discourage total reliance upon pharmaceuticals in an attempt to compensate for bad lifestyle choices. These "voices" include parents who once believed vaccines were safe, but whose own children died, or were severely and permanently injured, after vaccination. They tell their stories, over and over again, and they urge others not to make the mistake they did. These voices, and other leading voices in these "anti-vaxxer" groups, often organize rallies to fight against mandatory vaccine laws.

These groups would only stand to *lose* funding if vaccines were to be definitively proven "not worth the risk" and public health policies were accordingly adjusted. In such a scenario, there would be no reason for "anti-vaxxers" to donate to these foundations, because they would have no further purpose to serve. For these types of "anti-vaxxers", the foundations are not a business model, but rather a mission to go out of business *by solving the problem*. In sum, vaccine awareness groups do not stand to gain by vaccine sales, and they only stand to lose funding if vaccines sales were to be reduced by the public health changes they are fighting for.

12.4 - ***Bias Analysis: Pharma***

The financial benefits and motives of the vaccine industry, and those who benefit from it, are profound.[81] The vaccine industry is presently in an unprecedented expansion phase, and profits are poised to continue expanding exponentially, due to increasingly discriminatory laws our legislatures and public health departments press upon the citizenry to increase uptake of existing vaccines, and limit educational, career, and other opportunities for those who refuse. The new vaccine mandate laws and increasingly abusive enforcements, are generally informed and regulated according to the CDC's published vaccine schedules.

The CDC owns, and profits from, vaccine patents. In real-world effect, this for-profit, quasi-governmental agency now essentially dictates public health policies throughout the USA. It would be intentionally disingenuous to suggest these clear financial motives, hidden behind a facade of governmental authority, could possibly lead to policies which elevate public health above financial interests. Likewise, our legislative bodies are increasingly financially influenced, either directly, or indirectly, by their pharmaceutical donors and health departments, with the latter being in charge of purchasing vaccines for their states. As our legislatures sell their votes to provide more enforcement mechanisms against the public to serve the dictates of their pharmaceutical donors, the vaccine-aware public becomes more infuriated. Public protests against vaccine mandates, and the passionate outrage expressed at them, are clear signals there is a storm brewing as the public awakens to the fact the agenda behind increasing vaccine mandates, is motivated by profits rather than any genuine interest in protecting public health.

12.5 - ***Bias Conclusion***

Financial interest is the most obvious motive for bias. This is why murder investigations always look first to any parties who stood to gain financially from the victim's death. The survey study model disclosed herein relies upon historical and observed health data, to be objectively collected by survey

[81] "The global vaccine market is showing some escalating growth and it is expected that it will reach total revenues of nearly 60 billion U.S. dollars by 2020. That would be almost double the size the market had back in 2014." ***Global vaccine market revenues 2014-2020*** - Statistica Published by Matej Mikulic, Aug 9, 2019
https://www.statista.com/statistics/265102/revenues-in-the-global-vaccine-market/

and validated for accuracy by medical professionals, also leaving no room for bias in the transparent calculations, which can be reliably duplicated. After careful analysis of the potentially competing interests of the two opposing groups relevant to this survey study, i.e., the "pro-vaxx" vs. "anti-vaxx", it is apparent vaccine awareness groups, and/or members of such groups, pose the least potential to affect health data, medical screenings, or accounting accuracy.

It is apparent that those who profit from pharmaceutical sales present the highest possible bias threat. Therefore, the primary restriction on research participation in this survey study must necessarily be applied to those who profit from, or in any way benefit from vaccine sales, either directly or indirectly. In any case, the protocols of this survey study prevent confounding by "anti-vaxxers" who could be motivated to underreport health problems, due to the medical screenings. And the accuracy analysis will be conducted by neutral parties, with full transparency of the raw data, mathematical logic, and equations used to produce risk factors.

12.6 - ***Potential of Herd Immunity to Confound Health Outcomes***

Many studies indicate that the unvaccinated population has a much higher rate of "vaccine-preventable" infections than do vaccinated populations. It has been argued unvaccinated subjects enjoy protection from disease via the herd immunity of the vaccinated population, and that this has a positive effect upon the overall rates of disease and death in the unvaccinated population. Nevertheless, once the disease is contracted, its outcome (mild vs. severe or deadly) is not dependent upon the 'herd,' but only upon the state of the immune system of the individual.

It would be irrational to assume the vaccinated herd can prevent noninfectious diseases or deaths in the unvaccinated population, such as immune disorders and other chronic diseases, brain and nervous system injuries and disabilities, cancers, SIDS deaths (Sudden Infant Death Syndrome) and other related deaths. It is also well-established that subjects who've been injected with infectious agents, i.e., vaccinated, can and often do, shed/spread the infectious agents they've been injected with.[82]

It is critical to understand whether contracting "vaccine-preventable" infections poses an over-all higher risk of injury or death than vaccination. Injury and death rates, specifically in the unvaccinated who have contracted these particular vaccine-preventable temporary infections, will add critical data relevant to the overall risk/benefit evaluation of vaccination.

12.7 - ***Reporting Accuracy***

In the USA there is now broad and systematic discrimination against those who do not vaccinate themselves and/or their children, and even the risk of "medical neglect" allegations coupled with the loss of their children to foster care.[83] There could be a potential for biases in the unvaccinated

[82] The article below is extremely well-referenced, containing a multitude of authoritative references, all having reached the same conclusion. SEE: ***Studies Show that Vaccinated Individuals Spread Disease. Should the Recently Vaccinated be Quarantined to Prevent Outbreaks?*** WASHINGTON, D.C. –February 2, 2015– [GlobeNewsWire] — Health officials are blaming unvaccinated children for the recent measles outbreak that started at Disneyland." Scientific evidence demonstrates that individuals vaccinated with live virus vaccines such as MMR (measles, mumps and rubella), rotavirus, chicken pox, shingles and influenza can shed the virus for many weeks or months afterwards and infect the vaccinated and unvaccinated alike.[1,2,3,4,5,6,7,8,9,10] Furthermore, vaccine recipients can carry diseases in the back of their throat and infect others while displaying no symptoms of a disease.[11,12,13] Article at: https://www.westonaprice.org/studies-show-that-vaccinated-individuals-spread-disease/

[83] The following *legal* study, oddly published in a "medical" journal, "***Parental Refusal of Childhood Vaccines and Medical Neglect Laws"*** is engineered to arm healthcare workers with legal enforcement tools, i.e., specific mechanisms they may use to coerce and also punish parents who refuse vaccines for their children, instructing them how they may use CPS to

population, and the possibility these subjects could skew the voluntarily-reported data, in an attempt to justify their decision not to vaccinate. However, this survey study protocol requires professional medical screenings of a substantial percentage of randomly-selected survey respondents for verification, which will provide for numerical adjustments to the over-all responses, thereby correcting for potential reporting biases of this nature, should they appear.

12.8 - ***Biological Plausibility***

When the association is supported by toxicological evidence that demonstrates the specific deleterious biological behavior and/or mechanisms, the risks associated with the intervention are thereby corroborated. Many of the ingredients in vaccines are known to be toxic. Some, in only trace amounts, have been used as evidence to obtain murder convictions. Altered versions of many vaccine ingredients range in formal classification from "toxic" to "moderately toxic", regardless of dosage. Additionally, common vaccine ingredients such as mercury [84], aluminum [85], formaldehyde [86],

confiscate the children and/or level criminal medical neglect charges against parents who do not purchase the products they offer. Similar vaccine "marketing" guides are more common in recent years, and may help to explain the recent increase in CPS reports against parents who refuse vaccines, and/or parents who refuse any other medical intervention offered by the retailers of these products and services. Am J Public Health. 2017 January; 107(1): 68–71. Published online 2017 January. doi: 10.2105/AJPH.2016.303500 PMCID: PMC5308147 PMID: 27854538 Efthimios Parasidis, JD, MBioethics and Douglas J. Opel, MD, MPH - https://www.ncbi.nlm.nih.gov/pubmed/27854538

[84] ***Environmental Mercury and Its Toxic Effects*** **-** J Prev Med Public Health. 2014 Mar; 47(2): 74–83. Published online 2014 Mar 31. doi: 10.3961/jpmph.2014.47.2.74 - PMCID: PMC3988285 - PMID: 24744824 - Kevin M. Rice, Ernest M. Walker, Jr, Miaozong Wu, Chris Gillette, and Eric R. Blough - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3988285/

[85] "A wide range of toxic effects of aluminum (Al) have been demonstrated in plants and aquatic animals in nature, in experimental animals by several routes of exposure, and under different clinical conditions in humans. Aluminum toxicity is a major problem in agriculture, affecting perhaps as much as 40% of arable soils in the world. In fresh waters acidified by acid rain, Al (aluminum) toxicity has led to fish extinction. Aluminum is a very potent neurotoxicant. In humans with chronic renal failure on dialysis, Al causes encephalopathy, osteomalacia, and anemia. There are also reports of such effects in certain patient groups without renal failure. Subtle neurocognitive and psychomotor effects and electroencephalograph (EEG) abnormalities have been reported at plasma Al levels as low as 50 micrograms/L. Infants could be particularly susceptible to Al accumulation and toxicity, reduced renal function being one contributory cause." J Toxicol Environ Health. 1996 Aug 30;48(6):527-41. ***Status and future concerns of clinical and environmental aluminum toxicology.*** Flaten TP, Alfrey AC, Birchall JD, Savory J, Yokel RA. Author Info - Department of Chemistry, Norwegian University of Science and Technology, Trondheim, Norway. https://pubmed.ncbi.nlm.nih.gov/8772797/

[86] According to the National Institute of Environmental Health Science's evaluation of formaldehyde, as well as the ***National Toxicology's 14th Report on Carcinogens***, formaldehyde is a known carcinogen - "Since that time, additional cancer studies in humans have been published, and the listing status was changed to known to be a human carcinogen in 2011." https://www.niehs.nih.gov/health/topics/agents/formaldehyde/index.cfm

polysorbate 80 [87], propylene glycol [88], glutaraldehyde [89], tributylphosphate [90], beta-propiolactone [91], etc., are known to cause both immediate and long-term physical harm when ingested, inhaled, or absorbed through the skin.

Logically, direct injection of toxic chemicals increases the "absorbed" quantity and of the dose. Toxic dosage limits for human exposure to these substances are generally based upon ingestion, inhalation, or skin contact. The dosages relevant to the cited delivery mechanisms cannot reasonably be compared to exposures by direct injection into the body. Scientific definitions of "trace" amounts, and accordingly the acceptable limits set by regulatory agencies, are generally based upon the assumption exposures will *not* be by direct injection, and that the absorption in humans will thereby be reduced by as much as, or even more than, 99%. And yet, in vaccine "science", these dosage limits are routinely conflated with the absurd assumption these biologically-available absorption rates are identical, regardless of the route of exposure. [92]

Vaccine inserts make the claim their products have never been evaluated for potential to cause cancer or impair fertility. And yet, there is overwhelming published evidence the majority of ingredients in vaccines are mutagenic and carcinogenic neurotoxins, many of which are also specifically shown to be

---

[87] ***Polysorbate 80 and Adverse Events*;** Polysorbate 80 has been associated with a number of adverse events. In food, small concentrations of undigested polysorbate 80 may enhance bacterial translocation across intestinal epithelia, a potential explanation for an observed increase in the incidence of Crohn's disease [34]. In drug formulations, polysorbate 80 has been implicated in a number of systemic reactions (e.g., hypersensitivity, nonallergic anaphylaxis, rash) and injection- and infusion-site adverse events (ISAEs; e.g., pain, erythema, thrombophlebitis) [3, 35–37]. Polysorbate 80 has also been implicated in cases of renal and liver toxicity [38–40]. Adv Ther. 2018; 35(6): 754–767. ***Safety of Polysorbate 80 in the Oncology Setting*** Published online 2018 May 23. doi: 10.1007/s12325-018-0707-z - PMCID: PMC6015121 PMID: 29796927 - Lee S. Schwartzberg and Rudolph M. Navari - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6015121/

[88] **According to the National Institutes of Health, NIH, Publication 93-3348 March 1993:** "In genetic toxicity studies, glutaraldehyde was mutagenic." "Glutaraldehyde is a potent sensory irritant with the capability to cross-link, or fix, proteins." "All rats and mice exposed to 5 or 16 ppm glutaraldehyde died before the end of the studies; all mice exposed to 1.6 ppm also died." https://pubchem.ncbi.nlm.nih.gov/compound/Glutaraldehyde

[89] According to a study published by the National Institutes of Health, **NIH Publication 93-3348 March 1993** "In genetic toxicity studies, glutaraldehyde was mutagenic with and without S9 metabolic activation in Salmonella typhimurium strains TA100, TA102, and TA104." also stating "Glutaraldehyde is a potent sensory irritant with the capability to cross-link, or fix, proteins." and "All rats and mice exposed to 5 or 16 ppm glutaraldehyde died before the end of the studies; all mice exposed to 1.6 ppm also died" - Frank W. Kari, PhD, Study Scientist National Toxicology Program Post Office Box 12233 Research Triangle Park, NC 27709 https://pubchem.ncbi.nlm.nih.gov/compound/beta-Propiolactone

[90] According to the NIH National Library of Medicine's National Center for Biotechnology Information, " Tributyl phosphate is an odorless colorless to yellow liquid. Toxic by ingestion and inhalation" https://pubchem.ncbi.nlm.nih.gov/compound/Tributyl-phosphate

[91] According to the NIH National Library of Medicine's National Center for Biotechnology Information, " -propiolactone was used once mainly in the manufacture of acrylic acid and esters. It also was used as a sterilant for medical materials and procedures. However, it is no longer used for medical disinfection. Dermal exposure to beta-propiolactone causes the burning or blistering of the skin, and ingestion of this substance burns the mouth and stomach while exposure to its vapors causes severe irritation of the eyes, throat and respiratory tract. This substance is reasonably anticipated to be a human carcinogen." (NCI05) https://pubchem.ncbi.nlm.nih.gov/compound/beta-Propiolactone

[92] ***Effect of exposure routes on the relationships of lethal toxicity to rats from oral, intravenous, intraperitoneal and intramuscular routes*** *in* Regulatory Toxicology and Pharmacology 73(2) · September 2015 - DOI: 10.1016/j.yrtph.2015.09.008 https://www.researchgate.net/publication/281734573_Effect_of_exposure_routes_on_the_relationships_of_lethal_toxicity_to_rats_from_oral_intravenous_intraperitoneal_and_intramuscular_routes https://pubmed.ncbi.nlm.nih.gov/26361856/

capable of impairing fertility. [93] The claim there is no information available with which to determine whether or not the known toxins included in vaccines are capable of causing these negative health outcomes is *patently false*. And yet, the claim is routinely made, along with the false marketing slogan "safe".

Human toxicological studies using truly unexposed controls for comparison against subjects who are directly injected with these particular vaccine serums, either alone or in combination, are woefully lacking, and/or are generally suppressed, and/or are unavailable for review in instances where such research has been conducted. Once it has been decided to include a toxic ingredient in a vaccine preparation, it will fall under the "unavoidably unsafe" classification, and will therefore be shielded from scrutiny under the safety testing standards other products are normally subjected to. Vaccines enjoy freedom from liability, which also includes freedom from scientifically-sound safety testing requirements.

Adjuvants, which are designed to "trigger" an immune response and thereby cause permanent alterations to the immune system, are also a particular source of concern. [94] It is understood that adjuvants do trigger the immune system. However, the exact mechanisms are not well understood, and the long-term and cumulative health consequences of this vaccine-induced triggering have never been evaluated. [95]

12.9 - ***Temporal Association***

The ultimate criteria under the Bradford Hill standard is the actual "experiment" which answers the question "Does the group that lacks the exposure exhibit a different outcome?" Because this survey study accumulates only the observed disease, disability, and death rates in those with no exposure to vaccines at all, i.e., *true* controls, by design, we have eliminated vaccines as a possible, or temporal cause of disease, disability, or death, in this particular population. Still, there is the potential some subjects who were vaccinated, will report themselves as entirely unvaccinated. Reporting accuracy will be assured through the medical screening of a substantial representative sampling of the survey respondents, which will include a review of medical records and all available vaccination records.

---

[93] ***Adolescent Premature Ovarian Insufficiency Following Human Papillomavirus Vaccination*** - J Investig Med High Impact Case Rep. 2014 Oct-Dec; 2(4): 2324709614556129. Published online 2014 Oct 28. doi: 10.1177/2324709614556129 - PMCID: PMC4528880 PMID: 26425627 - A Case Series Seen in General Practice, Deirdre Therese Little, MBBS, DRANZCOG, FACRRM and Harvey Rodrick Grenville Ward, Bsc(Med), MBChB, DMCOG, FCOG(SA), MMed (O&G), FRANZCOG https://pubmed.ncbi.nlm.nih.gov/26425627/

[94] "The panel concluded that adjuvants (e.g., complete Freund's) are important in the development of autoimmune disease. Expert Panel Workshop Consensus Statement on the Role of the Environment in the Development of Autoimmune Disease, Int J Mol Sci . 2014 Aug; 15(8): 14269–14297. Published online 2014 Aug 15. doi: 10.3390/ijms150814269, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4159850/?log$=activity

[95] **Mechanisms of Action of Adjuvants** Frontiers in Immunology Front Immunol. 2013; 4: 114. Published online 2013 May 16. Prepublished online 2013 Apr 14. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3655441/

Chapter 13

SURVEY STUDY PRECISION & VALIDITY

This survey study is designed to produce reliable and imperative public health data by strict adherence to the following protocols:

13.1- ***The Scientific Method Requires True Controls***
The single most imperative and foundational scientific method required when testing substances for toxicity and risk, is the use of true controls as a baseline for comparison against exposure to the substance or intervention in question. In an epidemiological study, perfect controls, i.e., entirely unexposed, are not always available for study, and/or they may be difficult to identify and recruit. Fortunately, there are approximately 830K true "controls" in the USA who've never been exposed to vaccines. As outlined further in the recruitment section, the health data for these subjects is accessible. Vaccines are the only point of discovery for this survey study, and our goal is quite clear, i.e., quantify the overall rates of disease, disability, and death, in all age groups, for entirely unvaccinated controls for comparison against a 99% vaccinated population.

Because approximately 99% of the American population has been exposed to vaccination [96], our National disease, disability, and death rates are a more than fair barometer of the disease, disability, and deaths rates of our vaccinated "herd", at any level of exposure. It is understood the levels of exposure may vary greatly between individuals. However, this one factor, i.e., exposure to at least some level of vaccination, is shared by over 99% of the population in the USA. The elimination of only this one factor is the only logical course, given the scope of exposures in the USA, and our current catastrophic rates of immune-related injuries, diseases, disabilities, and deaths.

13.2 - ***Cross-Sectional Comparison Sources***
All statistical data relevant to the average disease, disability, and death rates of the 99% exposed population in the USA for comparisons will be gathered from the most up-to-date, reliable, and authoritative government and other authoritative sources. All data sources will be properly referenced and cited.

13.3 - ***Sampling Rate***
At a minimum 1% and up to 2%, (a minimum 30,000 surveyed households) this robustly redundant sampling-rate as representative of the entirely unexposed controls in the USA, will be unprecedented in scope and significance. This method will supply definitive answers by providing a confidence level well above 99%. In the final statistical analysis, the reliability-rating of the data provided from this expansive survey study will supply numerically-concise, reliable, and accurate over-all disease, disability, and death values for those with a total lack of vaccination, as compared to any exposure at all.

13.4 - ***Varietal Geographic Dispersion***
To the greatest extent possible, this survey study will evenly collect health data from subjects in all 50 states, based upon their respective populations and a relevant percentage thereof. Nationwide

[96] Less than one percent of children have had no vaccines of any kind. Hill, Holly et al. 2016. “Vaccination Coverage Among Children Aged 19–35 Months—United States, 2015.” Morbidity and Mortality Weekly Report - 65(39):1065–71. https://www.cdc.gov/mmwr/volumes/65/wr/mm6539a4.htm.

coverage eliminates regional or geographic confounders. These methods assure the highest possible reliability, while eliminating the relevance of selection-bias confounding. This broad geographic diversity and evenly-distributed sampling will inherently eliminate almost all other potential confounders related to the raw data collection process.

13.5 -***Accuracy of Reporting Screening***
A 2% or greater random-sampling from our survey study group for screening and verification by medical professionals, will produce average accuracy-of-reporting values by which numerical adjustments can be made to the overall survey results. This additional step further assures the numerical accuracy and reliability of this survey study.

13.6 - ***Miscellaneous Potential Confounding Factors Addressed*** [97]
The purpose of the survey study is national security precision, so the survey study will not indulge anyone's pet theories for confounding factors (i.e., gender confusion, Atkins diets), but rather the survey study will address vaccination status directly and squarely without distraction into miscellaneous theories.

Moreover, social-justice focused 'confounders' would be irrelevant, and/or have been addressed and eliminated by the design of this survey study. The protective value of the "herd immunity" theory is entirely irrelevant to the incidence of noninfectious disease, disability, and deaths, in the unvaccinated population. Many authoritative studies have also shown that the unvaccinated population contracts "vaccine-preventable" infections at a much higher rate than the vaccinated population, and these numbers can be further corroborated by this survey study. It is also well-established that the vaccinated population often asymptomatically sheds the infectious diseases they were injected with, which defeats the argument the unvaccinated population has enjoyed any superior health outcomes due to the sacrifices of the vaccinated herd.

The injuries and deaths attributable to all causes in the unvaccinated population will definitively expose whether the entirely unvaccinated suffer over-all greater, or lesser, disease, disability, and death rates than the vaccine-exposed population. The stratified subsets will account for the outcomes in the subjects who have a 100% rate of having contracted "vaccine preventable" infections, according to each infection. Separation and classifications of those subjects who have contracted these particular infections, and numerical valuations of the resulting effects thereof, will perfect our knowledge base relative to the benefits and risks of preventing these particular infections by vaccination.

13.7 - ***Actuary Analysis***
After completion of the data-collection phase, an actuary analysis of the totals, for all age groups, and all classes of diseases, disabilities and deaths, will be conducted in a thorough mathematical analysis of the comparative values in each category of risk assessment. These statistical experts will not have a pharmaceutical bias of any kind, leaving this phase of analysis purely to logical numerical equations, entirely free from potential bias as to the results. This will assure these values are accurate and fully able to be duplicated.

13.8 - ***Strength of Association***
The larger the relative risk or odds ratio, the less likely the association can be attributed to unidentified confounding or bias. The excessive representative sampling rate of this survey study will produce

[97] See Chapter 14 - **Confounders Addressed**

irrefutably accurate, easily duplicated, and reliable data. With a panel of qualified actuaries assuring the accuracy and validity of the numerical equations, leaving no question as to the ability of others to duplicate these comparative values, the over-all risk-to-benefit ratios will thereby be established. This process will definitively expose the relevant ratios.

13.9 - ***Consistency***

The final phase of this survey study will include the collection and analysis of all available research projects which have studied health outcomes for entirely unvaccinated controls for comparison against the health outcomes of vaccinated subjects. Standing alone, these types of independent studies have been soundly criticized, primarily by those who profit from the pharmaceutical industry, for a lack of statistical significance and/or confounding factors that may not have been properly eliminated or accounted for. However small or limited these independent studies may have been, by collating the relevant portions thereof, they may offer additional corroboration, and/or better refine, portions of the results of the survey study disclosed herein. This additional effort will add data to further support, and/or correct and inform, the analysis of the results this survey study produces.

13.10 - ***Specificity***

A recognized cause or exposure leads to a specific effect. We do know, without doubt, that vaccines are designed to, and do, trigger the human immune system for the purpose of permanently altering that system. We also know the potential long-term negative effects of this specific activity have never been evaluated and/or are poorly understood. Other environmental factors (besides vaccination) are also capable of triggering the immune system, such as exposure to almost any toxin or infectious agent. Our specific focus on the health outcomes of those who are entirely unexposed to vaccination, eliminates vaccines as a potential cause of the diseases, disabilities, and deaths found in this population. These maladies, when found in the unexposed population, will clearly not be due to vaccine exposure. Therefore, the variance in the outcomes between unexposed and the exposed will dramatically narrow the field of unknowns in evaluating the risk-to-benefit ratio of vaccination vs. total abstinence.

13.11 - ***Dose–Response Relationship***

A causal interpretation is more plausible when a dose gradient with the particular substance has already been demonstrated (e.g., higher risk is associated with larger exposures). Most of the known toxins listed as standard ingredients in vaccines are claimed by industry experts to be in "trace" amounts, which are consequently characterized as "safe". However, most of these known toxins have been independently verified to carry certain risks associated with larger, and/or repeated exposures. The cumulative effects of vaccination have never been evaluated. Likewise, the synergistic effects of simultaneous and increased exposures to the toxins included in vaccines have never been evaluated in any toxicological studies using true controls for comparison. The causative effects are obviously biologically plausible, and this is the reason vaccines are formally classified as "unavoidably unsafe" under American law (see e.g., 42 U. S. C. §300aa–22(b)(1)).

This survey study will provide valuable data relative to the overall risks associated with vaccination, and/or the risks associated with total abstinence, for evaluation against the claimed benefits of vaccination.

13.12 - ***Reversibility or Preventability***

When an observed association leads to some preventive action, and removal of the possible cause leads to a reduction of disease or risk of disease, causation can thereby be established. Entirely unvaccinated control subjects have specifically removed this one potential cause of diseases, disabilities, and deaths, suffered by this particular population. It is imperative to understand whether a lack of vaccination in the stratified subset, i.e., those with a 100% rate of having contracted vaccine-preventable temporary infections, leads to a higher, or lower, overall rate of disease, disability, and death. If a lack of vaccination leads to an over-all higher rate of diseases, disabilities, and deaths, our survey study is designed to identify and quantify the risks of vaccine avoidance, to whatever extent they exist. Conversely, if vaccine exposure, at any level, increases the overall risk of diseases, disabilities, and deaths, even as compared against the unvaccinated population who *have* specifically contracted these particular vaccine-preventable infections, we will understand the extent to which vaccines may not be "worth the risk". In either scenario, our survey study will provide this vital data with which to quantify these risk-to-benefit ratios numerically.

Chapter 14

CONFOUNDERS ADDRESSED

14.1 - ***Irrelevance of Behavioral Propensity Scoring in This Survey Study***
There is no evidence the vaccinated population is any *less* concerned with protecting their health in other ways, than is the entirely unvaccinated population. Vaccinated people are obviously under the impression vaccines are safe and good for them, and will improve their health. Similarly, health concerns are the most common explanation for vaccine avoidance, and there is no evidence entirely unvaccinated are any less concerned with their health than the vaccinated population. Therefore factors such as diet, exercise, avoidance of other toxins, and other potentially deleterious and/or beneficial behaviors, are irrelevant to this survey study.

The only relevant behavioral factor in this survey study is the total avoidance of vaccination vs. the 99% exposed "herd" for statistical comparison of health outcomes. Unlike the studies which focus solely on the reasons for vaccination avoidance, i.e., inequality, belief systems, etc., this survey study is one of hard physical science, i.e., the actual health outcomes and relevant mathematical statistics, and does not attempt to understand or quantify subjective, nebulously-theoretical, or psychological factors.

14.2 - ***Irrelevance of Belief Systems***
Belief systems relevant to vaccination do affect whether or not individuals will chose to vaccinate. However, there is no evidence these belief systems, standing alone, will alter observable health outcomes between vaccinated and unvaccinated populations. Obviously, the vaccinated population trusts vaccines, unless they've witnessed a vaccine injury and are aware that a vaccine cause it. Due to the many Pharma-funded campaigns which utilize patently false slogans such as “safe”, it is apparent the majority of the 99% vaccinated herd are most likely under the false impression it's *implausible* vaccines are even capable of causing injuries, let alone death. If they knew the truth, most would likely avoid vaccines. It is illogical to assume vaccinated subjects are any less, or more, concerned with their health than entirely unvaccinated.

14.3 - ***Analysis of Belief Systems on Biological Outcomes***
Logically, we do not expect any significant differences in health outcomes which can be attributed to a propensity for variances in health-related habits or other preventative lifestyle measures between the exposed and unexposed populations. Beliefs, or awareness about vaccination, which affect the decision whether to vaccinate, ultimately have no bearing upon the objectively observable health outcomes between these two populations.

14.4 - ***Payments for Participation***
In order to encourage participation, respondents will receive $100 USD for each survey respondent responsible for reporting, and $50 for each individual survey sheet completed for each family member reported on. This method insures all unvaccinated family members present in the household will most likely be surveyed.

14.5 - ***Payments for Screening***
A $1,000 USD incentive for the reporting party, plus $250 for each family member or child screened, will be paid upon completion of medical screenings. This benefit increases the likelihood the vast majority of subjects randomly selected for screening will participate in this phase.

14.6 - ***Efficiency & Irrelevant Covariates***

Items such as income, profession, race, etc., will only reduce efficiency of this survey study. Although there are many potential causes for diseases and deaths, other than vaccination or a lack thereof, this survey study does not seek to make those determinations.

Chapter 15

TARGET POPULATION FOR RAW DATA COLLECTION

RADOMIZATION FEASIBILITY & RELEVANCE

15.1 - ***Feasibility of Recruitment by phone***

The entirely unvaccinated population in the USA is comprised of less than 1% of the total population, and is relatively evenly distributed throughout the States, although some States have higher concentrations than others. Several studies of note have been conducted to understand "vaccine hesitancy" in the population.[98] [99] "Safety" is the number one issue raised. These same studies have repeatedly identified "anti-vaxxers" as tending to be higher income, and highly educated, i.e., *literate* and therefore capable of reading and comprehending the contents of a vaccine insert, including the toxic ingredients lists and warnings, which also explain that vaccines have never been evaluated for long-term effects.[100] The fact vaccines contain known toxins, intended for direct injection, is clearly concerning to the "vaccine-hesitant". The following prohibitive factors narrow the field of reasonable methods for locating, identifying, and recruiting, entirely unvaccinated subjects by random computer-generated phone numbers:

(a) The chance of locating a qualified participant is already less than 1 completed call per 400 completed attempts to contact a subject that is entirely unvaccinated, and/or who has entirely unvaccinated children. This process is further complicated by the fact many qualified parties who may ultimately be contacted, will refuse to disclose vaccination status to a complete stranger, due to:

(1) increasingly discriminatory laws, policies and regulations regarding vaccination;

(2) threats of possible "medical neglect" allegations against parents of unvaccinated children, and;

---

[98] ***Factors related to vaccine hesitancy during the implementation of Measles-Rubella campaign 2017 in rural Puducherry-A mixed-method study*** J Family Med Prim Care. 2019 Dec; 8(12): 3962–3970. - Published online 2019 Dec 10. doi: 10.4103/jfmpc.jfmpc_790_19 - PMCID: PMC6924217 - PMID: 31879644
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6924217/

[99] ***A Mixed Methods Study of Parental Vaccine Decision Making and Parent-Provider Trust*** - Acad Pediatr. Author manuscript; available in PMC 2014 Sep 1. - Published in final edited form as: - Acad Pediatr. 2013 Sep-Oct; 13(5): 481–488. - doi: 10.1016/j.acap.2013.05.030 - PMCID: PMC3767928 - NIHMSID: NIHMS485770 - PMID: 24011751
Jason M. Glanz, PhD, Nicole M. Wagner, MPH, Komal J. Narwaney, PhD, Jo Ann Shoup, MS, MSW, David L. McClure, PhD, Emily V. McCormick, MPH, and Matthew F. Daley, MD https://pubmed.ncbi.nlm.nih.gov/24011751/

[100] ***Children Who Have Received No Vaccines: Who Are They and Where Do They Live?*** Philip J. Smith, Susan Y. Chu and Lawrence E. Barker Pediatrics July 2004, 114 (1) 187-195; DOI: https://doi.org/10.1542/peds.114.1.187
"Unvaccinated children tended to be white, to have a mother who was married and had a college degree, to live in a household with an annual income exceeding $75 000, and to have parents who expressed concerns regarding the safety of vaccines and indicated that medical doctors have little influence over vaccination decisions for their children. The largest numbers of unvaccinated children lived in counties in California, Illinois, New York, Washington, Pennsylvania, Texas, Oklahoma, Colorado, Utah, and Michigan." https://pubmed.ncbi.nlm.nih.gov/15231927/

(3) media and political attacks, leading to personal attacks and other abuses, unvaccinated subjects are likely to be fearful of a complete stranger calling to ask if they, or their children, are unvaccinated.[101] [102]

Of those few calls out of hundreds, or perhaps even thousands, that do connect to a qualified party, it is likely many, or most of them, will reasonably refuse to disclose their family's vaccination status and hang up, out of fear their family is potentially being targeted for coerced medical procedures they know to be unavoidably unsafe.

15.2 - ***Where Do "Anti-Vaxxers" Congregate?***

Due to the outright refusal of our public health agencies to apply the most fundamental scientific method required to *enumerate* the risks associated with vaccine-exposure, many people are concerned, and seeking out the facts on their own. Advancing access to reliable scientific knowledge related to vaccination risks, (i.e., scientifically valid risk data) is a common goal within vaccine safety activist groups. A frequent question heard within the anti-vaxxer community is "Where are the safety studies using true controls?" Also common, are expressions of frustration at the blatant aversion the pharma/medical industry has to ever conducting any scientifically-meaningful safety studies.[103]

A practical method of locating and recruiting qualified subjects, is to communicate with groups where "anti-vaxxers" are known to be in higher numbers i.e., holistic doctor offices, Waldorf schools, Amish communities, vaccine awareness events, and organizations.

For example, vaccine-safety-awareness, and "vaccine-safety-concerned-citizen" groups connect with, and support one another and share research online, etc. Holistic doctors also have newsletters that reach many unvaccinated patients to educate regarding vaccine science. Publicizing the intended purpose of this survey study, i.e., to establish scientifically accurate numerical risk factors associated with vaccination, will likely bring interest, trust, and therefore much voluntary participation, due to the fact these are the individuals most *urgently* seeking to increase the volume of, and access to, relevant scientific vaccine risk data. Since they know serious injuries and even death are potential side effects, these are the people who want most to see these odds expressed *in numbers*. Primarily, it's the shared data related to vaccine dangers, fears of increasing vaccine mandates and/or related political activities, that brings this particular community together.

Although many vaccine-concerned people are concentrated in Jewish, Christian, and many other religious organizations, not all who belong to these religious groups avoid vaccination. And not all unvaccinated have religious affiliations. The most obvious common bond across all other diversity

---

[101] Bernie Sanders, primary candidate for the Presidential race in 2016, and now in 2020, stated that unvaccinated children could "kill" other children. https://www.sanders.senate.gov/newsroom/newswatch/020415

[102] Washington Post - By Michael E. Miller Reporter, March 18, 2016 at 5:22 a.m. PDT "*A toddler got meningitis. His anti-vac parents gave him an herbal remedy. The toddler died. Now his parents are on trial*"

[103] The following research article "***Looking Beyond Safety Concerns***" represents a wide area of recent pharmaceutically-funded efforts to characterize all safety concerns as irrational and thereby dismiss them without examination. These assessments argue against addressing growing public safety concerns, and instead offer myriad strategies for avoiding and obfuscating safety-related issues altogether, so they remain unaddressed indefinitely, the goal being to assure safety issues do not hinder the expansion of vaccine sales. ***Assessments of global drivers of vaccine hesitancy in 2014 - Looking beyond safety concerns*** - PLOS ONE - Melanie Marti, Monica de Cola, Noni E. MacDonald, Laure Dumolard, Philippe Duclos, Published: March 1, 2017 https://doi.org/10.1371/journal.pone.0172310

factors appears to be a common desire to share and expand scientific knowledge relevant to vaccination, and to maintain the freedom to refuse "unavoidably unsafe" medical interventions.

15.3 - ***The Most Practical & Effective Recruitment Methods***

Various social media opportunities exist here, as well as specifically-targeted online promotions that will reach this particular population. Many holistic doctors and vaccine awareness groups have a large online presence and reach, specific to the vaccine-aware, and are therefore more likely to be entirely unvaccinated subjects, and attract a similar following. Endorsements, advertisements, and sponsorships of these online venues will likely produce a good response rate.

15.4 - ***Balanced Incentives***

The reasonable, but not excessive, payments for participation will further reduce participation biases. The projected inconvenience of participation is balanced against the reward of $100 for the reporting party, and $50 for each family member reported on. For those who are randomly selected for additional medical screening, the reward of $1,000 for the responsible reporter, and $250 per household member who completes the screening, is large enough to ameliorate hesitance based upon fears the results may not match the voluntary survey responses. This factor, to whatever extent it exists, will also be eliminated by informing this selected group their survey responses will not be matched to their particular identity in the medical screenings.

Chapter 16

SCOPE OF IMPLICATIONS & POTENTIAL IMPACTS OF THIS SURVEY STUDY

16.1 - ***The Wealthiest Nation***

The richest Nation in the world should be healthy, but America is now one of the unhealthiest in the world, unless you count the ones Bill Gates and the WHO have been spending a great deal of money in lately. This wealth has led to the USA being the single most profitable target for the pharma/medical complex. The only Nations with similar rates of health and intellectual decline, are the ones with similar vaccine exposure-levels. The collapse of our Nation is clearly the agenda of our enemies.

16.2 - ***How Long Do We Have?***

Nobody knows for certain exactly how long we have on our current trajectory before we are past the point of no return. However, according to MIT scholar Stephanie Seneff, with just 5 years more on our present course, 50% of our next generation of children will be suffering from the form of brain damage hidden behind the word "Autism", which is increasingly understood to be an immune disorder resulting in chronic brain inflammation.[104] [105] [106]

Exact trajectories and timeframes on all factors combined, are difficult to ascertain at this time, due to the growing tendency of our health agencies' to obscure imperative and relevant health data by stratifying it into entirely irrelevant "inequality" elements, in furtherance of communist political agendas. These obfuscations have the collective effect of hiding the banana in the picture, or in this case, camouflaging the elephant in the room, i.e., the most obvious culprit and its most devastating recent effects.

---

[104] **A Frightening Trend -** Stephanie Seneff MIT CSAIL June 5, 2014 -
This research paper attempts to blame "RoundUp" and other environmental toxins for all brain damage, which is most likely why this paper was not better censored and even saw the light of day. So long as the research doesn't attempt to blame *vaccines* for brain damage, (a side-effect that is listed in the vaccine inserts) and in particular if it appears to blame something *other than* vaccines, and so long as "Autism" is not *referred to* as brain damage, related research papers have a chance of being published and even avoiding some of the big tech censorship.
http://people.csail.mit.edu/seneff/glyphosate/Groton_Seneff.pdf - Also ref @:
https://www.psychologytoday.com/us/blog/inspectrum/201409/autism-apocalypse-2025

[105] ***The MMR Vaccine Contains the Highest Concentration of "RoundUp" Glyphosate*:**
Although it's unlisted, Monsanto's "RoundUp" glyphosate is *also* an ingredient in all vaccines tested to date, with the MMR having the highest concentrations. SEE: **Glyphosate in Vaccines Report -** September 5, 2016 by Zen Honeycutt Comments or input by D.Huber. S.Seneff, H.Vlieger, and T.Bark. Widespread Contamination of Glyphosate - Tests for Glyphosate in Childhood Vaccines Positive -
https://d3n8a8pro7vhmx.cloudfront.net/yesmaam/pages/1707/attachments/original/1473130173/FullGlyphosateinVaccinesReport_(6).pdf?1473130173

[106] Dr. Toni Bark MD MHEM LEED AP states: “I am deeply concerned about injecting glyphosate, a known pesticide, directly into children. Neither roundup nor glyphosate has been tested for safety as an injectable. Injection is a very different route of entry than oral route. Injected toxins, even in minute doses can have profound effects on the organs and the different systems of the body. In addition, injecting a chemical along with an adjuvant or live virus, can induce severe allergic reactions to that substance as vaccines induce the immune system to create antibodies to whatever is included in the vaccine. Since glyphosate is heavily used in corn, soy, wheat, cotton, and other commodities, we can expect to see more severe food allergies in the vaccine recipients. In addition, chemicals in ultra-low doses, can have powerful effects on physiology behaving almost as hormones, stimulating or suppressing physiological receptors."
https://d3n8a8pro7vhmx.cloudfront.net/yesmaam/pages/1707/attachments/original/1473130173/FullGlyphosateinVaccinesReport_(6).pdf?1473130173

16.3 - ***Reliance on the problem for the solution?***
Reliance on pharmaceutical solutions to heal this Nation's people, or turning to Pharma for salvation from this particular crisis, would be nothing short of a suicidal error. They are not gods. And only fools and demons worship them by making human sacrifices at their temples.

16.4 - ***Time For An Accounting***
The urgency of this survey study cannot possibly be overstated. *It's time to count the bodies.* The definitive data this survey study model will provide, could well be the one thing that snatches this Nation and its people from the jaws of this beast. We can do this with logic, critical thinking, and the fundamental scientific method that the pharma/medical industry, for obvious reasons, refuses to apply here.

They don't want us digging up the dead bodies *and counting them*. In this instance, the evidence, or the number of "bodies", are exposed in the comparisons against the outcomes observed in the entirely unexposed controls, which Pharma and the WHO are desperate to eliminate *so that* comparisons to the health of their vaccinated “herd” cannot be properly made. Eliminating the controls is their method of hiding this mounting evidence. The damage must be stopped. And only after it is stopped, can we begin to heal in earnest.

16.5 - ***We CAN Turn This Around***
There are many promising research projects showing substantial successes in reversal of many immune system disorders, and the most promising ones are generally the least expensive, only requiring commonly-available and very safe substances. However, these solutions are currently suppressed by those who profit greatly from selling expensive, ineffective, and dangerous treatments for the *symptoms*, rather than the actual cures. [107] [108]

16.6 - ***This Storm is Making Landfall. On Which Shore?***
The outrage within the American population is rising fast, and the fact that Pharma is largely responsible, is *impossible* to hide from the majority much longer. These injuries affect so many, the average American is now accustomed to seeing at least one profoundly brain injured child on an average outing to shop or visit a park.

A growing number of Americans are directly and profoundly affected, and many have decided not to vaccinate their additional children after witnessing their 1st, or even 1st *and* 2nd children, become maimed, diseased, or even die after vaccination. These brain damaged children and young adults do not look as though they were *born* this way, and very few of them were. However, the increasing exposures during pregnancy, and immediately after birth, are now serving to blur these lines as well, further obfuscating the picture, which now appears to be the actual *objective* in pushing pregnant women to get vaccinated.

16.7 - ***The Correct Target For Landfall***
As the damage increases, the vaccine stories surrounding these injuries and deaths reach closer and more personally into the lives of all Americans. This growing storm must find a place to make landfall.

---

[107] ***Cutting-Edge Therapies for Autism, Fourth Edition*** **-** By Ken Siri, Tony Lyons
https://fliphtml5.com/lnym/sinm/basic/551-596
[108] **HEALING THE SYMPTOMS KNOWN AS AUTISM 2ND EDITION** - Published by E-COF: HIGH DENSITY MOBILE FILING SYSTEM, 2017-10-19 20:13:49 https://fliphtml5.com/lnym/sinm/basic/551-596

It can, and should, land directly on the shores of the industry that caused the damage, rather than on the taxpayers, i.e., our Federal Government.

An appropriate action under National Security and Public Health emergency powers, should include a suspension of the NCVIA. By necessity, a battle with the pharma-controlled legislature must ensue in order to make this change permanent.

The *correct* location for the fully-justified outrage must be made available to the people. If the final published results of this survey study only *further* confirm that vaccines are the primary culprit in our Nation's current health crisis, our National Security interests are best served by rightly directing public outrage to the actual culprits who benefited from our demise, rather than heaping it on our government.

If an emergency suspension of the National Childhood Vaccine Injury Act, the "NCVIA", were to simultaneously include the freezing of certain assets, the public outrage could be effectively and appropriately focused on those that injured and crippled them, *rather than* on the U.S. Federal Government and its agencies. If the chains of the NCVIA were removed from the people of this Nation, the people would, over a fairly short amount of time, devour the specific industry that maimed and killed so many of them, thereby crippling this enemy of our Nation.

16.8 - ***Extreme Urgency***

The urgency at this particular time in history cannot possibly be overstated because it is now severely exacerbated by the "warp speed" rollout of the new CV-19 vaccines, many of which are *specifically engineered to* alter human DNA. At a time when the county has been destroying lives and the economy with lockdowns and mandating masks to "prevent transmission and infection" Moderna's chief medical officer, Tal Zaks says "….our trial will not demonstrate *prevention of transmission*." Nor does it make any claims about *preventing infection*. In fact, an active infection is the intention with this vaccine. As for the test results, Zaks states that, "They do not show that they prevent you from potentially carrying this virus transiently and infecting others." Zaks also says, "I think it's important that we don't change behavior solely on the basis of vaccination."

In spite of these facts, big businesses and left-leaning state governors are collaborating and gearing up to deny Americans access to normal activities, and even to deny them access to services and supplies essential to survival, if we're not in possession of a "CV-19 Passport" or certificate-of-vaccination. [109]

The CV-19 vaccines are not designed to, nor expected to, *prevention transmission or infection.* In what is touted as the most "promising" Covid-19 vaccine, Moderna reports that 80% of Phase 1 participants receiving the 100 microgram (mcg) dose developed systemic side effects. Moderna states that 2 doses are required. After the second dose, 100% of the test subjects reported side effects ranging from fatigue (80%), chills (80%), headache (60%) and myalgia or muscle pain (53%).[110]

[109] See: https://www.msn.com/en-us/health/medical/modernas-chief-medical-officer-says-that-vaccine-trial-results-only-show-that-they-prevent-people-from-getting-severely-sick-%E2%80%94-not-necessarily-that-recipients-wont-still-be-able-to-transmit-the-virus/ar-BB1biIL8

[109] See: https://www.nejm.org/doi/full/10.1056/NEJMoa2022483

It is widely reported that 80% of younger people who test positive for CV-19 never have any symptoms, i.e., they *never get sick*.[111] According the vaccine-makers these CV-19 vaccine trials are being conducted on *young healthy people*, 80 to 100% of whom, experience negative side-effects from the vaccine. If naturally exposed, 80% in this age group *will have no sickness at all*, which indicates their immune systems have warded off an infection serious enough to cause symptoms. It appears *none* of those who receive the second dose of the vaccine are *able* to manage this.

As one of the early test subjects states, "….people are going to have to toughen up," the volunteer told CNBC. "The first dose is no big deal. And then the second dose will definitely put you down for the day for sure. … You will need to take a day off after the second dose." [112]

So this experimental vaccine that does *not* prevent transmission *or* infection, but instead, actually causes an infection, *and is sure to cause sickness*, due to the infection that's *caused* by injecting it. But this apparently provides a "compelling government interest" in eliminating the citizen's rights, and is being seized upon for just this purpose before the 1st vaccine has even hit the market.

At this time, the government's urgent "plan" is to infect as many people as possible by direct injection, with a 100% certainty *of contracting the infection* and thereby increase transmission. But this is the same infection we were told is *so* bad, that we have to close down our economy, end all social contact, mask up, and even starve to death if need be, to prevent its "transmission" because we are supposed to avoid the very same "infection" that these injections are SURE to cause, while *increasing* the level of sickness that the infection would've caused if it were *naturally acquired*. Color me, and anyone who knows any of the facts surrounding this absurdity, cornfused;-)

Joy Garner

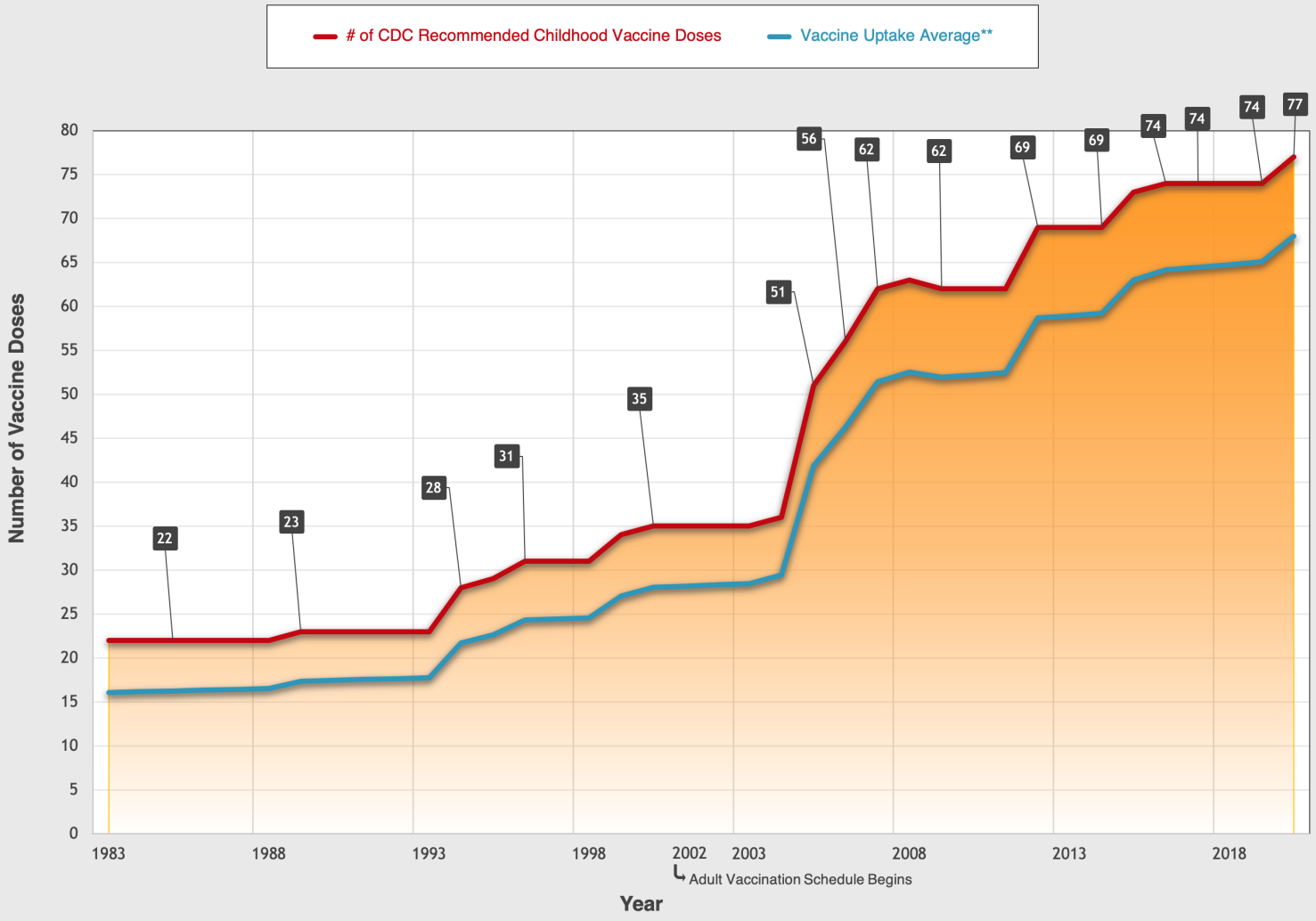
BIAS DISCOLSURES: The bias apparent in this report is clear. It is the consequence of reviewing very strong evidence that vaccines are the primary cause of the catastrophically swelling epidemic of immune disorders, and the consequent disabilities and deadly diseases, in America today. [113] And this very strong evidence is the reason for the subject of inquiry in this survey study model. The author has no financial or other conflicts of interest. The only potential biases related to this survey study or any participant thereof, are: (1) the logical conclusion it is incongruent to legally classify a product as "unavoidably unsafe" and yet market it using the slogan "safe", and; (2) an awareness of the fact vaccines have yet to be statistically evaluated to numerically quantify either for the short-term, or long-term risks, relative to the claimed benefits, and; (3) concerns about the known toxins included in vaccines being directly injected, and; (4) an aversion to invasive and unavoidably unsafe medical interventions which lack scientifically-derived numerical risk-to-benefit ratio evaluations, particularly when a person is not suffering from any known medical condition that *needs* treatment.

[111] ***80% of people in this age group are asymptomatic*** - https://www.msn.com/en-us/health/medical/80-percent-of-people-in-this-age-group-are-asymptomatic/ar-BB15zLMB
[112] https://bestlifeonline.com/covid-vaccine-second-dose/
[113] Please refer to the "Four Facts" in Chapter 2, sec 2.1 of this report.

Exhibit E

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Increase in the Number of Childhood Vaccine Doses



* CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

** CDC (2018). Vaccine Coverage Levels – United States, 1962–2016. The Pink Book, 13th Edition, Appendix E. https://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/e/coverage-levels.pdf

CDC (1971). Immunization Survey – 1970. *Morbidity and Mortality* 20(13):114-115. www.jstor.org/stable/44069987

CDC (2003). National, State, and Urban Area Vaccination Levels Among Children Aged 19–35 Months — United States, 2002. *MMWR* 52(31):728-732. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5231a2.htm

CDC (2008). National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2007. *MMWR* 57(35):961-966. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5735a1.htm

CDC (2012). National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2011. *MMWR* 61(35):689-696. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6135a1.htm

CDC (2013). National, State, and Local Area Vaccination Coverage Among Children Aged 19–35 Months — United States, 2012. *MMWR* 62(36):733-740. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6236a1.htm

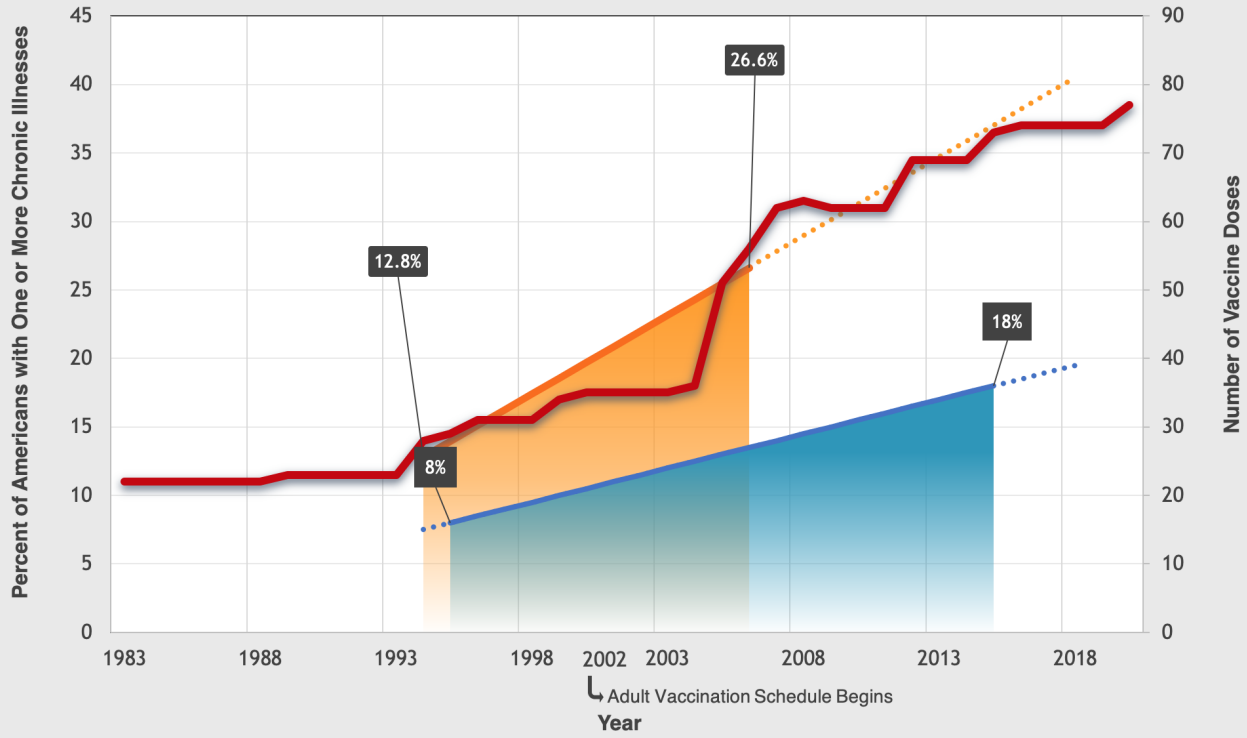
CDC (2018). Vaccination Coverage Among Children Aged 19–35 Months — United States, 2017. *MMWR* 67(40):1123–1128. https://www.cdc.gov/mmwr/volumes/67/wr/mm6740a4.htm

THE CONTROL GROUP LITIGATION

Exhibit E

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Increase in Chronic Disease Rates in the U.S. Population



Pearson Correlation Coefficient†		
This graph is here	1.0	Perfect Correlation
	0.99 – 0.90	Very High Correlation
	0.89 – 0.80	High Correlation
	0.79 – 0.60	Moderately High Correlation
	0.59 – 0.40	Moderate Correlation
	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

Child Chronic Illnesses*

Adult Chronic Illnesses**

# of CDC Recommended Childhood Vaccine Doses

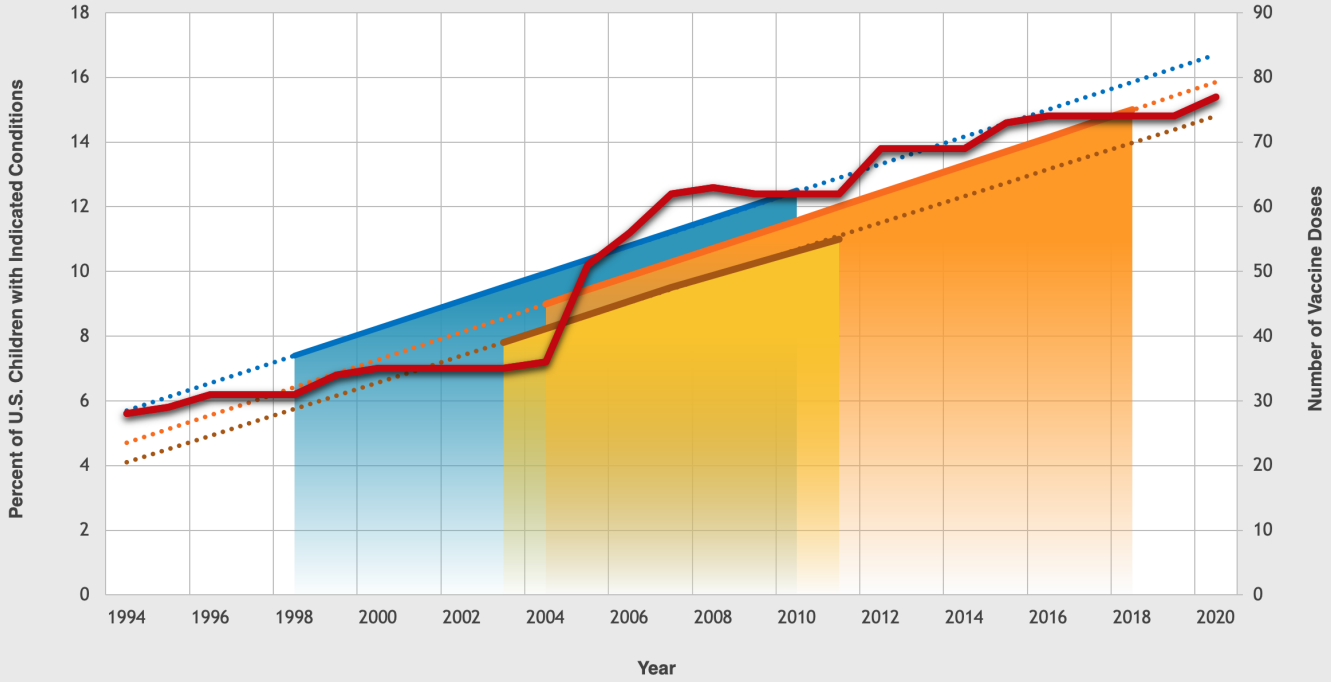
† Correlation between Number of Vaccine Doses and Chronic Illnesses in Children: Correlation Coefficient = 0.99 (includes origin)
† Correlation between Number of Vaccine Doses and Adult Chronic Illnesses: Correlation Coefficient = 0.90 (includes origin)

* Van Cleave *et al.* (2010). Dynamics of obesity and chronic health conditions among children and youth. *JAMA* 303(7):623–630. https://doi.org/10.1001/jama.2010.104
** Aspen Health Strategy Group (2019). Reducing the Burden of Chronic Disease. Washington DC: The Aspen Institute. https://assets.aspeninstitute.org/content/uploads/2019/02/AHSG-Chronic-Disease-Report-2019.pdf
*** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Increase in Miscellaneous Disease/Disorder Rates in U.S. Children



Pearson Correlation Coefficient†		
This graph is here	1.0	Perfect Correlation
	0.99 – 0.90	Very High Correlation
	0.89 – 0.80	High Correlation
	0.79 – 0.60	Moderately High Correlation
	0.59 – 0.40	Moderate Correlation
	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

- Children with Skin Allergies*
- MDE (Major Depressive Episode) Age 12–17**
- Children with ADHD***
- # of CDC Recommended Childhood Vaccine Doses****

† Correlation between Number of Vaccine Doses and Skin Allergies: Correlation Coefficient = 0.99 (includes origin)
† Correlation between Number of Vaccine Doses and MDE: Correlation Coefficient = 0.99 (includes origin)
† Correlation between Number of Vaccine Doses and ADHD: Correlation Coefficient = 0.99 (includes origin)

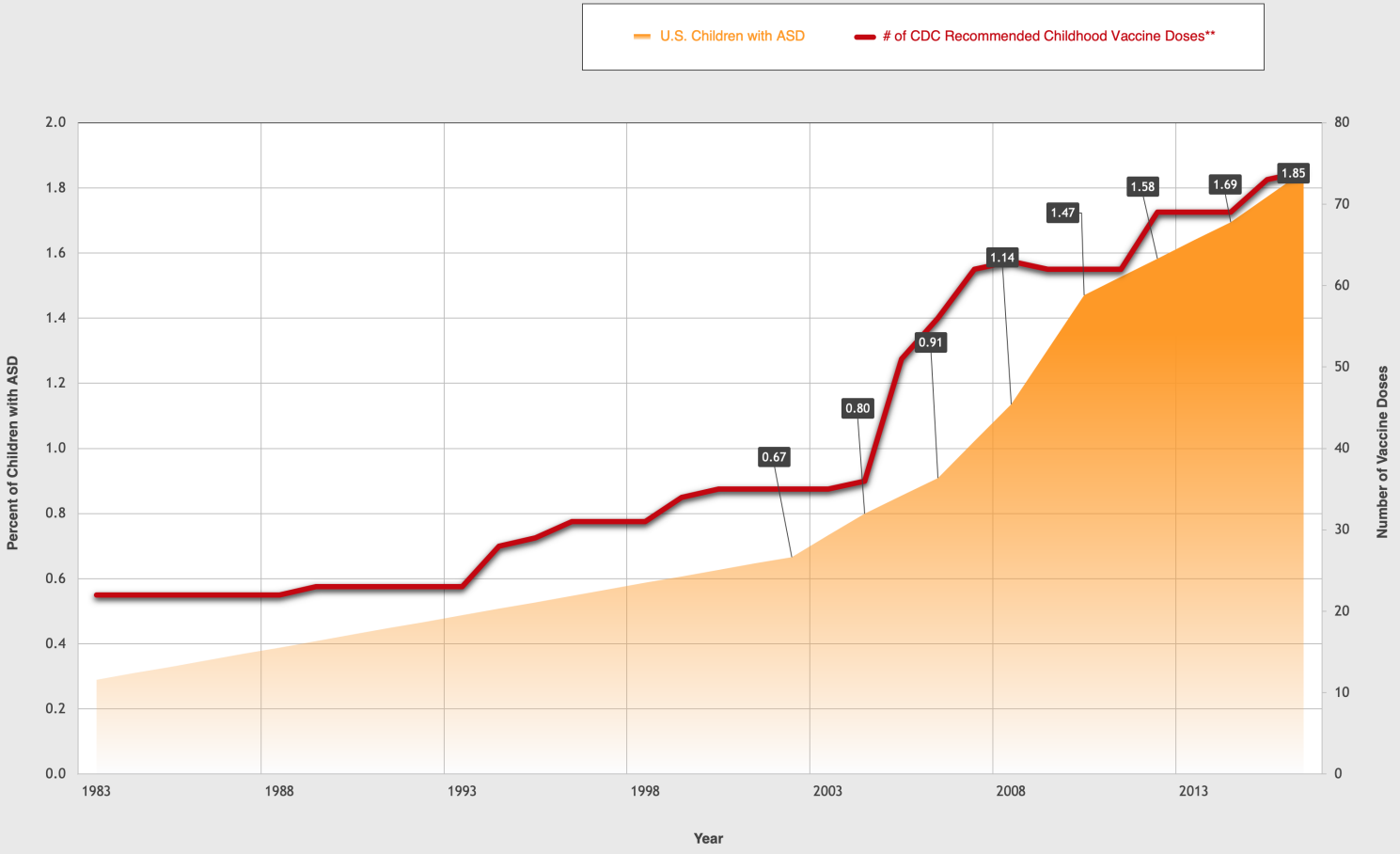
* CDC (2013). Trends in Allergic Conditions Among Children: United States, 1997–2011. *NCHS Data Brief 121*. https://www.cdc.gov/nchs/data/databriefs/db121.pdf United States Centers for Disease Control (CDC), *Trends in the Parent-Report of Health Care*
** SAMHSA (2018). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf
*** CDC, *Attention-Deficit / Hyperactivity Disorder (ADHD)*. https://www.cdc.gov/ncbddd/adhd/features/key-findings-adhd72013.html
**** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

Exhibit E

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Increase in Autism Spectrum Disorder (ASD) in U.S. Children



Pearson Correlation Coefficient†		
This graph is here	1.0	Perfect Correlation
	0.99 – 0.90	Very High Correlation
	0.89 – 0.80	High Correlation
	0.79 – 0.60	Moderately High Correlation
	0.59 – 0.40	Moderate Correlation
	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

† Correlation between Number of Vaccine Doses and ASD: Correlation Coefficient = 0.91

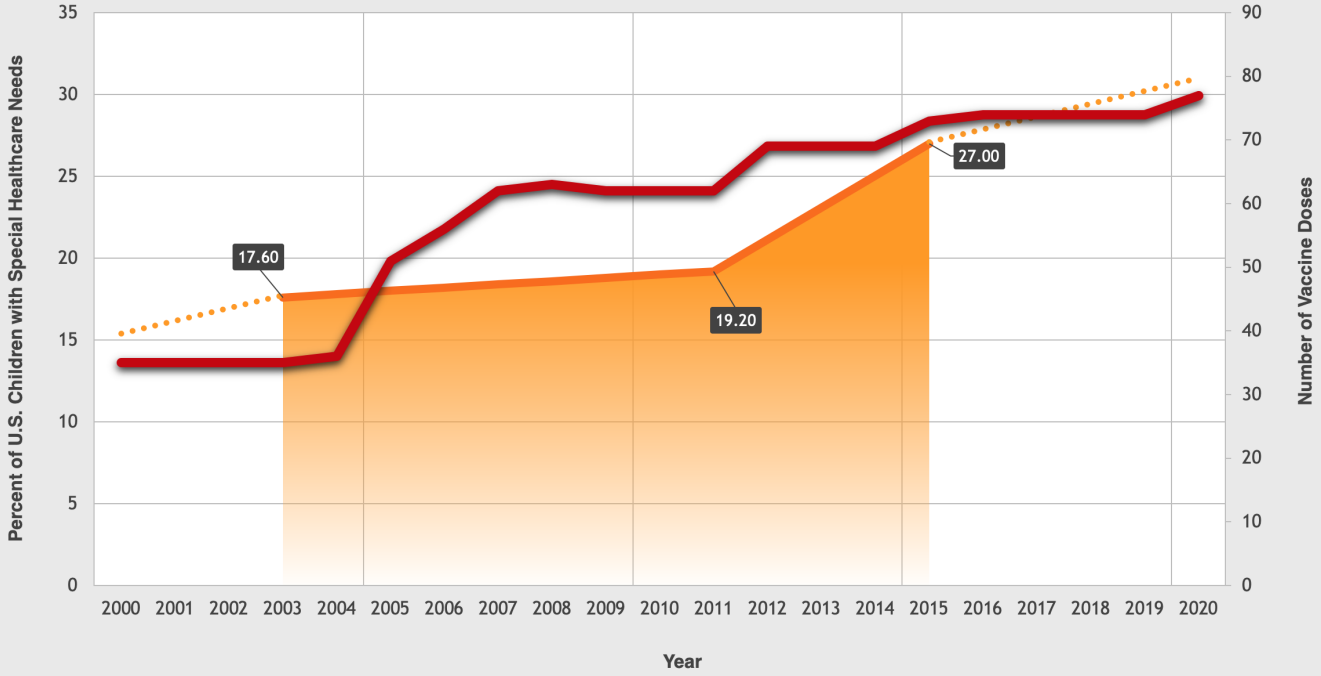
* Nevison *et al.* (2018). California autism prevalence trends from 1931 to 2014 and comparison to national ASD data from IDEA and ADDM. *Journal of Autism and Developmental Disorders* 48:4103–4117. https://doi.org/10.1007/s10803-018-3670-2
CDC, *Autism Spectrum Disorder (ASD)*. https://www.cdc.gov/ncbddd/autism/data.html

** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Increase in U.S. Children with Special Healthcare Needs



Pearson Correlation Coefficient†

This graph is here

1.0	Perfect Correlation
0.99 – 0.90	Very High Correlation
0.89 – 0.80	High Correlation
0.79 – 0.60	Moderately High Correlation
0.59 – 0.40	Moderate Correlation
0.39 – 0.20	Low Correlation
0.19 – 0.10	Negligible Correlation
< 0.09	No Correlation

U.S. Children with Special Healthcare Needs*

# of CDC Recommended Childhood Vaccine Doses**

† Correlation between Number of Vaccine Doses and Percent of U.S. Children with Special Healthcare Needs: Correlation Coefficient = 0.96 (includes origin)

* Bethell *et al.* (2011). A national and state profile of leading health problems and health care quality for US children: key insurance disparities and across-state variations. *Academic Pediatrics* 11(3 Suppl):S22–S33. https://doi.org/10.1016/j.acap.2010.08.011
CDC, *Preventing Chronic Disease*. https://www.cdc.gov/pcd/issues/2015/14_0397.htm

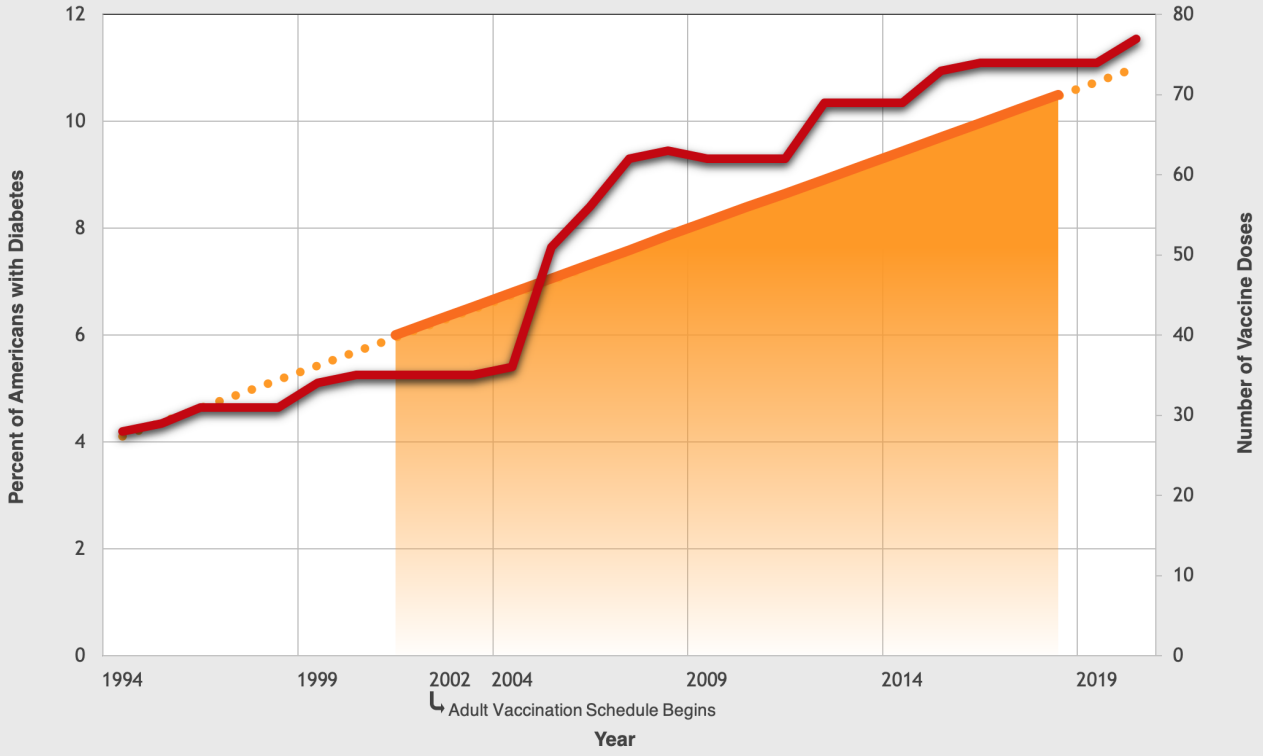
** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

Exhibit E

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Diabetes Increasing In Americans



Pearson Correlation Coefficient†		
This graph is here	1.0	Perfect Correlation
	0.99 – 0.90	Very High Correlation
	0.89 – 0.80	High Correlation
	0.79 – 0.60	Moderately High Correlation
	0.59 – 0.40	Moderate Correlation
	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

Diabetes *

# of CDC Recommended Childhood Vaccine Doses**

† Correlation between Number of Vaccine Doses and Percent of Americans with Diabetes: Correlation Coefficient = 0.98 (includes origin)

* American Diabetes Association, *Statistics About Diabetes*. https://www.diabetes.org/resources/statistics/statistics-about-diabetes
Dabelea *et al.* (2014). Prevalence of type 1 and type 2 diabetes among children and adolescents from 2001 to 2009. *JAMA* 311(17):1778–1786. https://doi.org/10.1001/jama.2014.3201

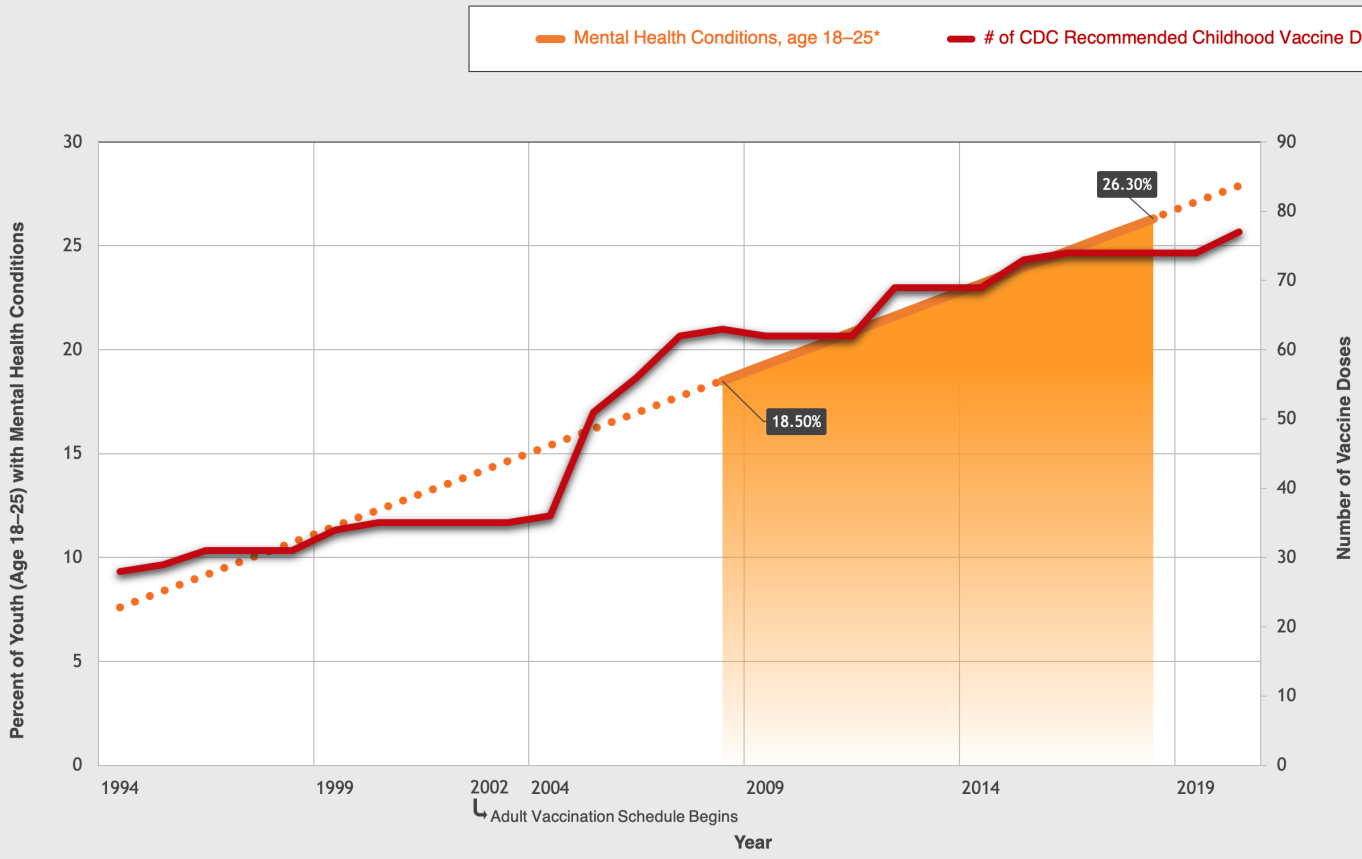
** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

Exhibit E

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

Increase in Mental Health Conditions, age 18–25 in the U.S.



Pearson Correlation Coefficient†

This graph is here

1.0	Perfect Correlation
0.99 – 0.90	Very High Correlation
0.89 – 0.80	High Correlation
0.79 – 0.60	Moderately High Correlation
0.59 – 0.40	Moderate Correlation
0.39 – 0.20	Low Correlation
0.19 – 0.10	Negligible Correlation
< 0.09	No Correlation

† Correlation between Number of Vaccine Doses and Percent of Americans with Mental Health Conditions: Correlation Coefficient = 0.99 (includes origin)

* SAMHSA (2018). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

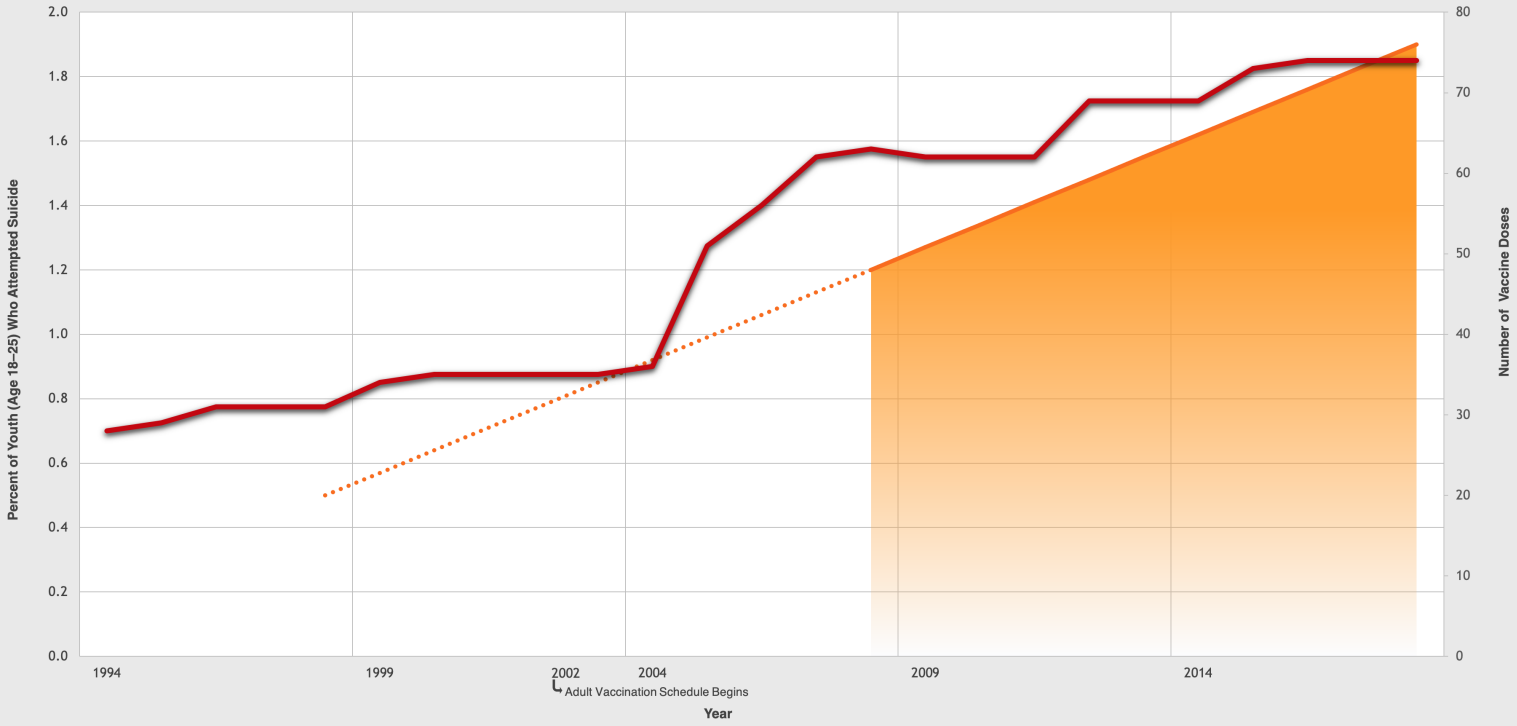
THE CONTROL GROUP LITIGATION

Exhibit E

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

A Bellwether for Mental Health

Increase in Attempted Suicide, Age 18–25 in the U.S.



Pearson Correlation Coefficient†		
This graph is here	1.0	Perfect Correlation
	0.99 – 0.90	Very High Correlation
	0.89 – 0.80	High Correlation
	0.79 – 0.60	Moderately High Correlation
	0.59 – 0.40	Moderate Correlation
	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

Attempted Suicide*

# of CDC Recommended Childhood Vaccine Doses**

† Correlation between Number of Vaccine Doses and Attempted Suicide, age 18–25: Correlation Coefficient = 0.97 (includes origin)

* SAMHSA (2018). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

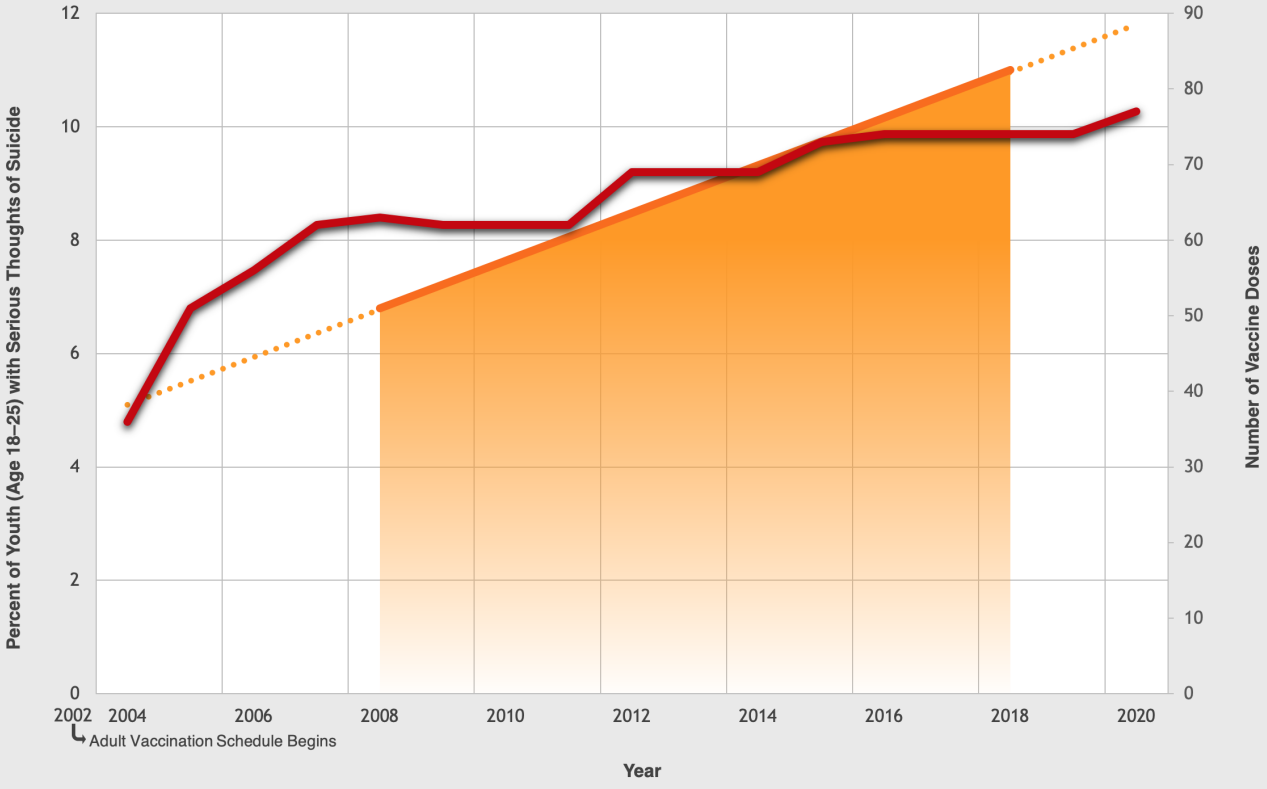
THE CONTROL GROUP LITIGATION

Exhibit E

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

A Bellwether for Mental Health

Serious Thoughts of Suicide, Age 18–25 in the U.S.



Pearson Correlation Coefficient†		
This graph is here	1.0	Perfect Correlation
	0.99 – 0.90	Very High Correlation
	0.89 – 0.80	High Correlation
	0.79 – 0.60	Moderately High Correlation
	0.59 – 0.40	Moderate Correlation
	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

Serious Thoughts of Suicide*

# of CDC Recommended Childhood Vaccine Doses**

† Correlation between Number of Vaccine Doses and Percent of Americans with Serious Thoughts of Suicide: Correlation Coefficient = 0.97 (includes origin)

* SAMHSA (2018). *Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.* https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHNationalFindingsReport2018/NSDUHNationalFindingsReport2018.pdf

** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

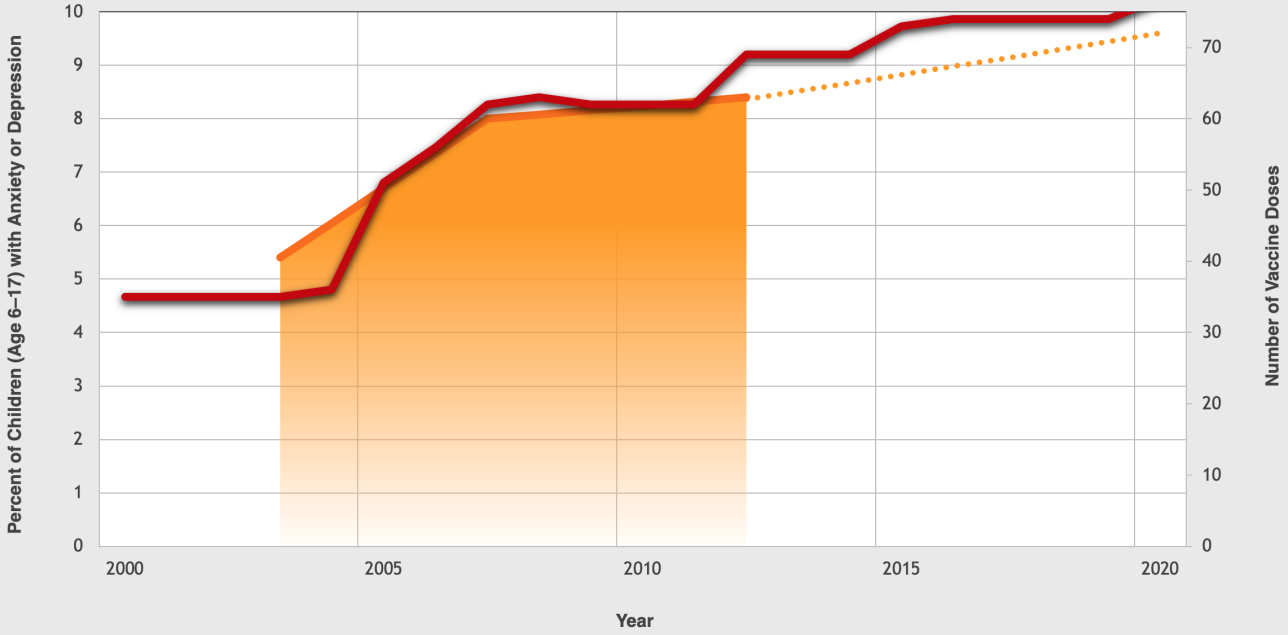
THE CONTROL GROUP LITIGATION

Exhibit E

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

A Bellwether for Mental Health

Increase in Anxiety or Depression in U.S. Children, Age 6–17



Pearson Correlation Coefficient†		
This graph is here	1.0	Perfect Correlation
	0.99 – 0.90	Very High Correlation
	0.89 – 0.80	High Correlation
	0.79 – 0.60	Moderately High Correlation
	0.59 – 0.40	Moderate Correlation
	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

Anxiety or Depression*

# of CDC Recommended Childhood Vaccine Doses**

† Correlation between Number of Vaccine Doses and Percent of Children with Anxiety or Depression: Correlation Coefficient = 0.99 (includes origin)

* CDC, *Children's Mental Health*. https://www.cdc.gov/childrensmentalhealth/features/anxiety-depression-children.html

** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

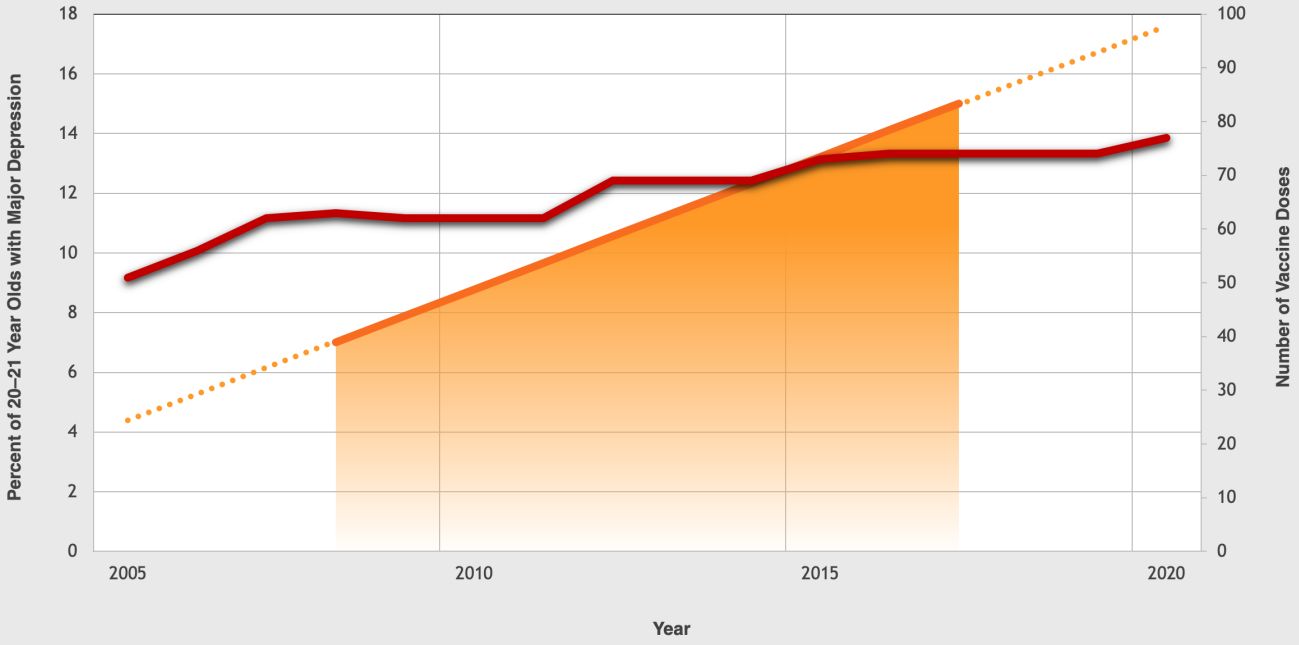
THE CONTROL GROUP LITIGATION

Exhibit E

VACCINES ARE A REASONABLE SUSPECT IN AMERICA'S PANDEMIC OF CHRONIC DISEASES AND DISORDERS

A Bellwether for Mental Health

Increase in Major Depression among 20–21 Year-olds in the U.S.



Pearson Correlation Coefficient†		
This graph is here	1.0	Perfect Correlation
	0.99 – 0.90	Very High Correlation
	0.89 – 0.80	High Correlation
	0.79 – 0.60	Moderately High Correlation
	0.59 – 0.40	Moderate Correlation
	0.39 – 0.20	Low Correlation
	0.19 – 0.10	Negligible Correlation
	< 0.09	No Correlation

Major Depression*

# of CDC Recommended Childhood Vaccine Doses**

† Correlation between Number of Vaccine Doses and Percent of 20–21 Year Olds with Major Depression: Correlation Coefficient = 0.91 (includes origin)

* SAMHSA (2017). National Survey on Drug Use and Health, 2017. https://www.datafiles.samhsa.gov/study-dataset/national-survey-drug-use-and-health-2017-nsduh-2017-ds0001-nid17939

** CDC (2020). Prior immunization schedules. https://www.cdc.gov/vaccines/schedules/hcp/schedule-related-resources.html

THE CONTROL GROUP LITIGATION

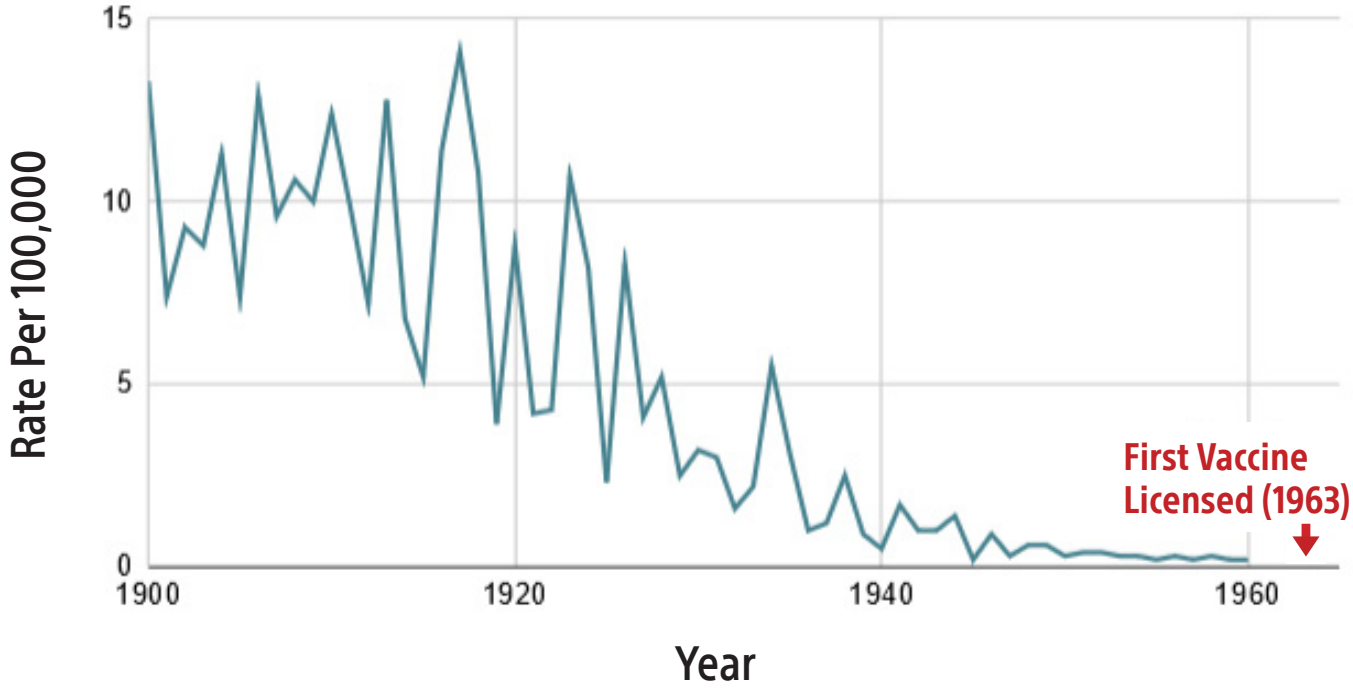
Exhibit E

Exhibit F

20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Measles Disease Mortality United States, 1900–1960[1]



SOURCES:
1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968. **2.** "The first measles vaccines were licensed in 1963." Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015.

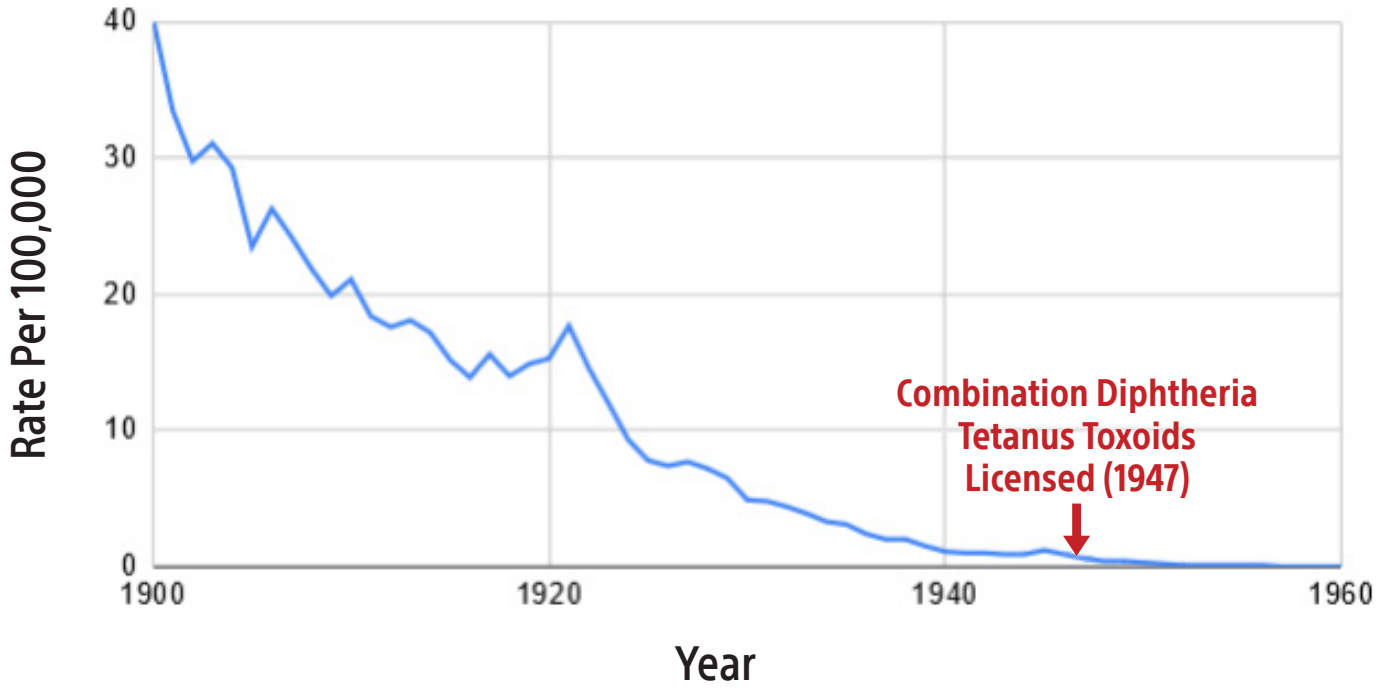
THE CONTROL GROUP LITIGATION

Exhibit F

20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Diphtheria Disease Mortality United States, 1900–1960[1]



SOURCES:

1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968. **2.** Antitoxin was invented in the late 19th century, and toxoid was developed in the 1920s. Widespread use of diphtheria toxoid in the late 1940s. Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015.

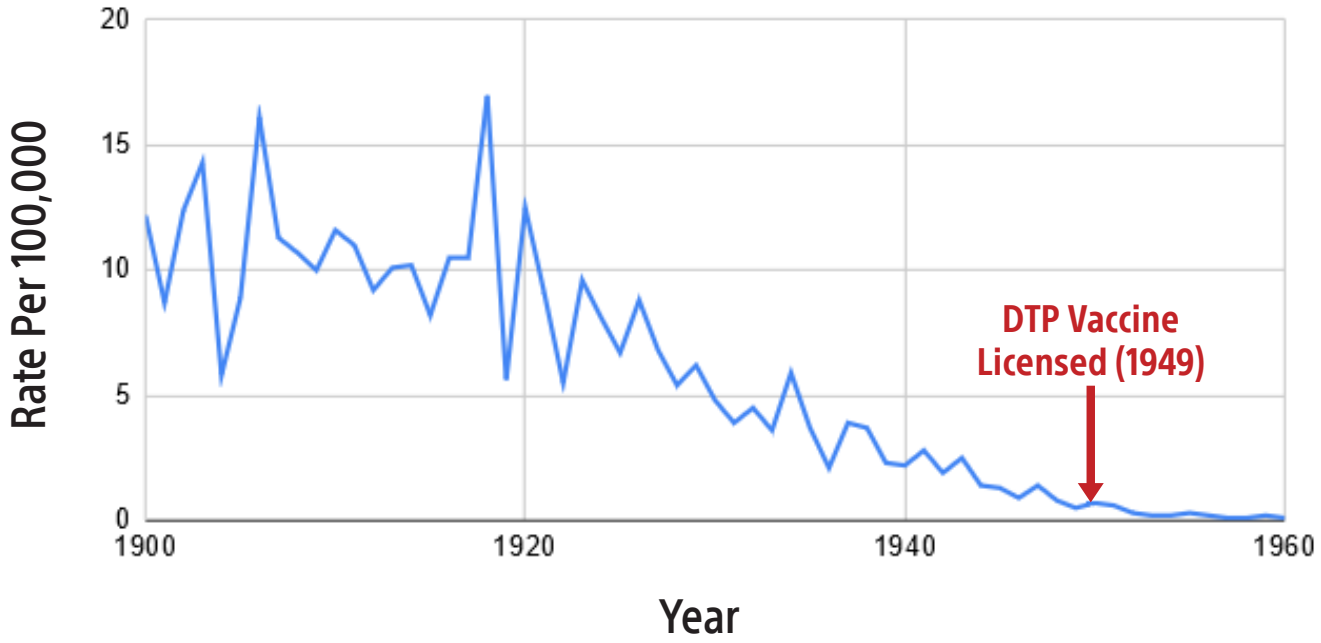
THE CONTROL GROUP LITIGATION

Exhibit F

20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Whooping Cough Disease Mortality United States, 1900–1960[1,2]



SOURCES:
1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968. **2.** "Before the availability of pertussis vaccine in the 1940s, more than 200,000 cases of pertussis were reported annually." Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C. Public Health Foundation, 2015.

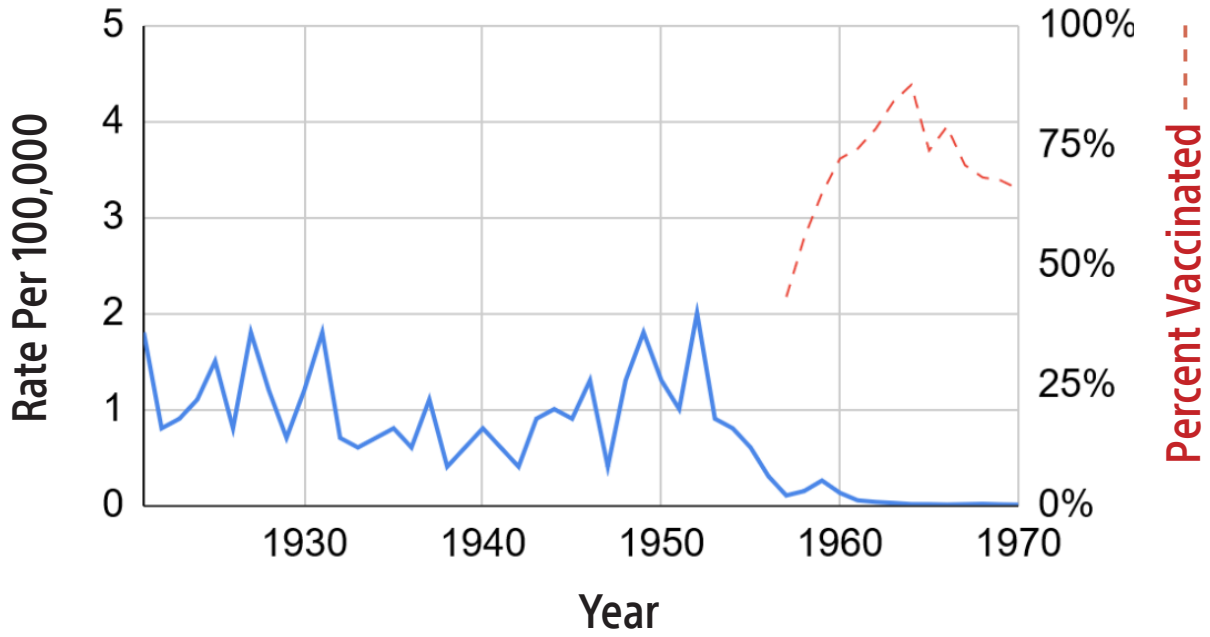
THE CONTROL GROUP LITIGATION

Exhibit F

20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Polio Disease Mortality United States, 1921–1970[1-6]



SOURCES:
1. Sirken,M.G. National Participation Trends, 1955-61, in the Poliomyelitis Vaccination Program. Pub. HealthRep.77:661-670(Aug.),1962.11 **2.** Morbidity and Mortality Vol. 20, No. 13 (April 3, 1971), pp. 114-115 (2 pages) IMMUNIZATION SURVEY - 1970. (1971). from www.jstor.org/stable/44069987 **3.** Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Appendix E, Vaccine Coverage Levels, United States, 1962-2016. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C.Public Health Foundation, 2018. **4.** Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968. **5.** Centers for Disease Control. Annual summary 1969: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1970;18(54). https://stacks.cdc.gov/view/cdc/1829 **6.** Centers for Disease Control. Annual summary 1971: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1972;20(53). https://stacks.cdc.gov/view/cdc/1577

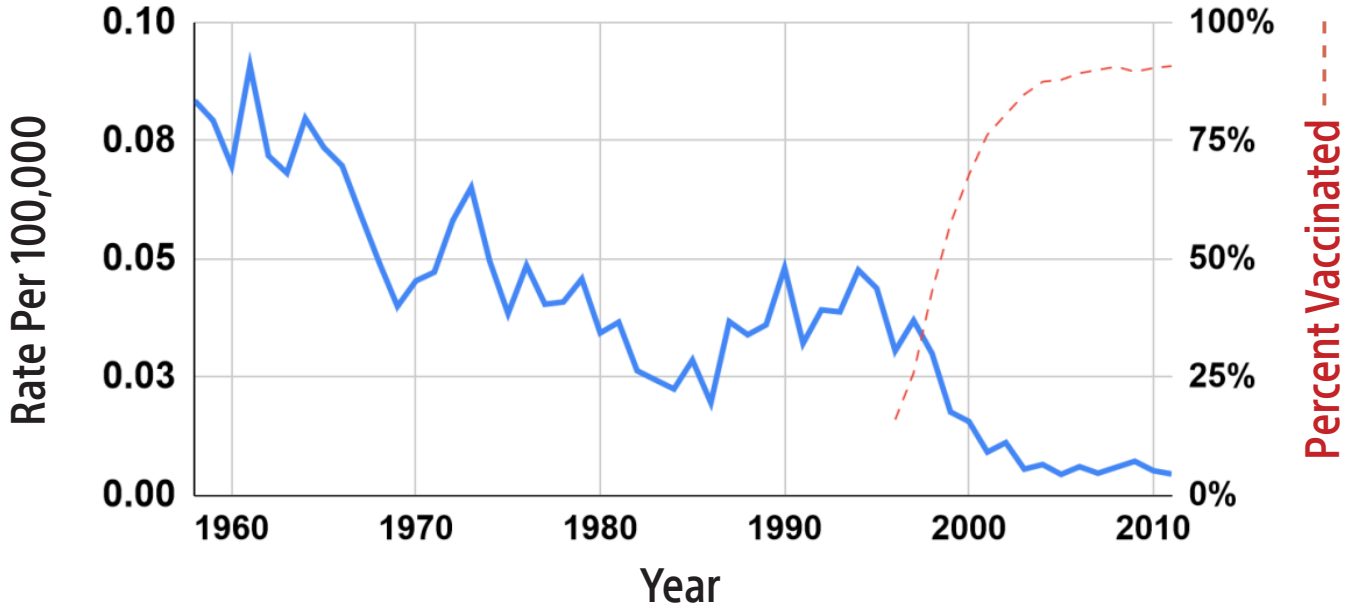
THE CONTROL GROUP LITIGATION

Exhibit F

20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Varicella (Chicken Pox) Disease Mortality United States, 1958–2011[1-10]



SOURCES:
1. 1959 - 1968: Centers for Disease Control. Annual summary 1969: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1970 ;18(54). https://stacks.cdc.gov/view/cdc/1829 **2.** 1969 - 1978: Centers for Disease Control. Annual summary 1971: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1972 ;20(53). https://stacks.cdc.gov/view/cdc/1577 **3.** 1970 - 1979: Centers for Disease Control. Annual summary 1980: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1981 ;29(54). https://stacks.cdc.gov/view/cdc/1484 **4.** 1980 - 1989: Centers for Disease Control. Summary of notifiable diseases, United States,1991. Morbidity and Mortality Weekly Report 1991 ;40(53). https://stacks.cdc.gov/view/cdc/36010 **5.** 1989 - 1998: Centers for Disease Control and Prevention. Summary of notifiable diseases, UnitedStates, 2000. MMWR 2000;49(No. 53):[90]. https://stacks.cdc.gov/view/cdc/5626 **6.** 1996 - 2001: Centers for Disease Control and Prevention. Summary of notifiable diseases—United States, 2003. Published April 22, 2005, for MMWR 2003; 52(No. 54):[78]. https://stacks.cdc.gov/view/cdc/5560 **7.** 2002 - 2003: Centers for Disease Control and Prevention.[Summary of notifiable diseases, 2010]. MMWR 2007;56:[82]. https://stacks.cdc.gov/view/cdc/21266 **8.** 2004 - 2010: Centers for Disease Control and Prevention. [Summary of Notifiable Diseases, 2012]. Published September 19, 2014 for MMWR 2014;61(No. 53):[112]. https://stacks.cdc.gov/view/cdc/25289 **9.** 2008 - 2014: Adams DA, Thomas KR, Jajosky R, et al. Summary of Notifiable Infectious Diseases and Conditions — United States, 2014. MMWR Morb Mortal Wkly Rep 2016;63:1-152 DOI: http://dx.doi.org/10.15585/mmwr.mm6354a1external icon **10.** Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Appendix E, Vaccine Coverage Levels, United States, 1962-2016. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C.Public Health Foundation, 2018.

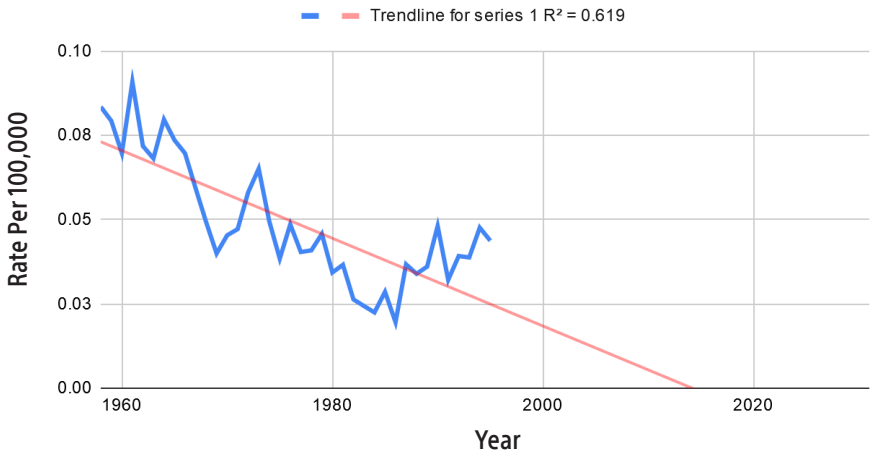
THE CONTROL GROUP LITIGATION

Exhibit F

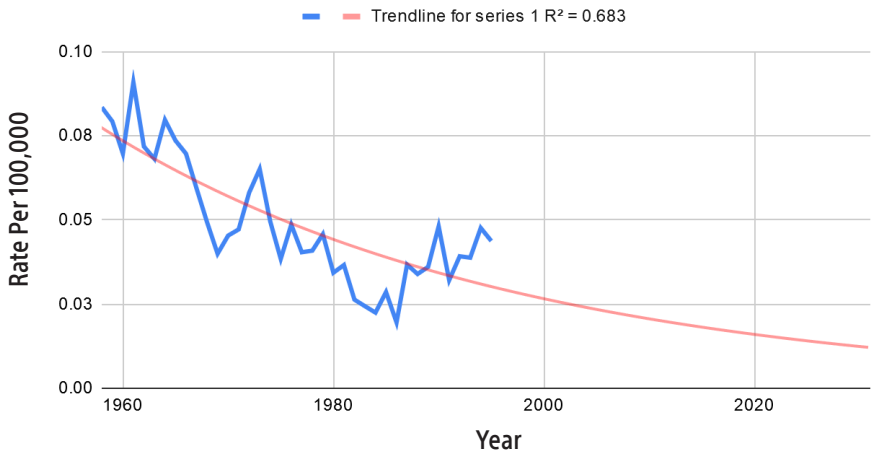
20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Varicella (Chicken Pox) Disease Mortality with Trendline (Linear)[1-10]



Varicella (Chicken Pox) Disease Mortality with Trendline (Exponential)[1-10]



A linear regression for varicella mortality data 1958 – 1994 shows the rate of decline pre-vaccine, allowing an estimate using simple linear fit model that were the vaccine not licensed in 1995 the varicella mortality was already on track to approach zero by 2015.

Refer to "x-intercept" below

Best-fit values	
Slope	0.001291 ± 0.0001738
Y-intercept	2.601 ± 0.3436
X-intercept	2015
1/Slope	-774.5

95% Confidence Intervals	
Slope	-0.001644 to -0.0009384
Y-intercept	1.904 to 3.299
X-intercept	2006 to 2030

Goodness of Fit	
R square	0.6051
Sy.x	0.01175

Is slope significantly non-zero?	
F	55.16
DFn,DFd	1,36
P Value	< 0.0001
Deviation from horizontal?	Significant

Data	
Number of XY pairs	38
Equation	Y = -0.001291*X + 2.601

SOURCES:
1. 1959 - 1968: Centers for Disease Control. Annual summary 1969: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1970 ;18(54). https://stacks.cdc.gov/view/cdc/1829 **2.** 1969 - 1978: Centers for Disease Control. Annual summary 1971: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1972 ;20(53). https://stacks.cdc.gov/view/cdc/1577 **3.** 1970 - 1979: Centers for Disease Control. Annual summary 1980: reported morbidity and mortality in the United States. Morbidity Mortality Weekly Rep 1981 ;29(54). https://stacks.cdc.gov/view/cdc/1484 **4.** 1980 - 1989: Centers for Disease Control. Summary of notifiable diseases, United States,1991. Morbidity and Mortality Weekly Report 1991 ;40(53). https://stacks.cdc.gov/view/cdc/36010 **5.** 1989 - 1998: Centers for Disease Control and Prevention. Summary of notifiable diseases, UnitedStates, 2000. MMWR 2000;49(No. 53):[90]. https://stacks.cdc.gov/view/cdc/5626 **6.** 1996 - 2001: Centers for Disease Control and Prevention. Summary of notifiable diseases—United States, 2003. Published April 22, 2005, for MMWR 2003; 52(No. 54):[78]. https://stacks.cdc.gov/view/cdc/5560 **7.** 2002 - 2003: Centers for Disease Control and Prevention.[Summary of notifiable diseases, 2010]. MMWR 2007;56:[82]. https://stacks.cdc.gov/view/cdc/21266 **8.** 2004 - 2010: Centers for Disease Control and Prevention. [Summary of Notifiable Diseases, 2012]. Published September 19, 2014 for MMWR 2014;61(No. 53):[112]. https://stacks.cdc.gov/view/cdc/25289 **9.** 2008 - 2014: Adams DA, Thomas KR, Jajosky R, et al. Summary of Notifiable Infectious Diseases and Conditions — United States, 2014. MMWR Morb Mortal Wkly Rep 2016;63:1-152 DOI: http://dx.doi.org/10.15585/mmwr.mm6354a1external icon **10.** Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. Appendix E, Vaccine Coverage Levels, United States, 1962-2016. Hamborsky J, Kroger A, Wolfe S, eds. 13th ed. Washington D.C.Public Health Foundation, 2018.

THE CONTROL GROUP LITIGATION

Exhibit F

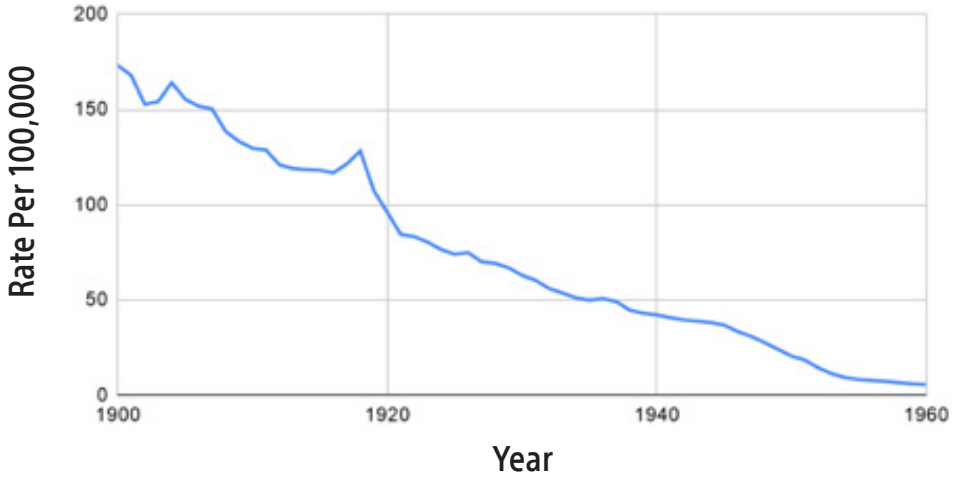
20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

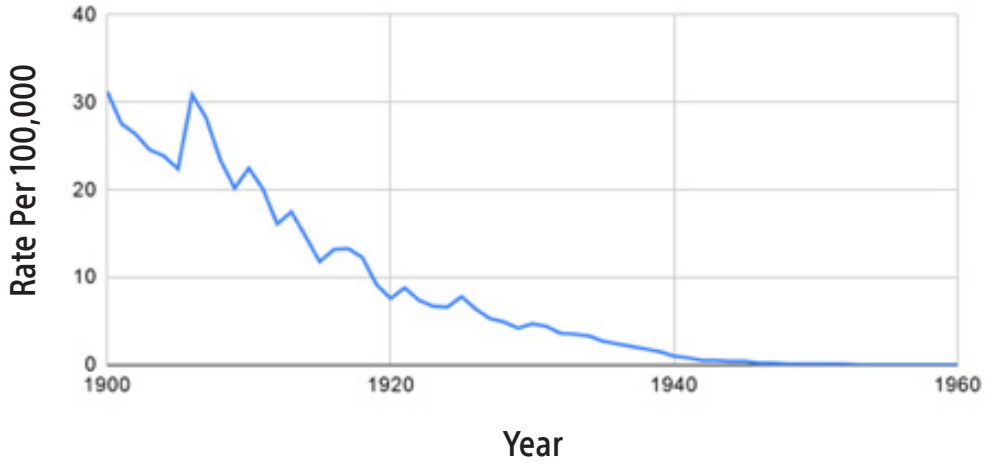
Disease Mortality, United States, 1900–1960[1]

No Vaccine in General Usage

Tuberculosis (Respiratory)



Typhoid Fever



SOURCES:
1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968.

THE CONTROL GROUP LITIGATION

Exhibit F

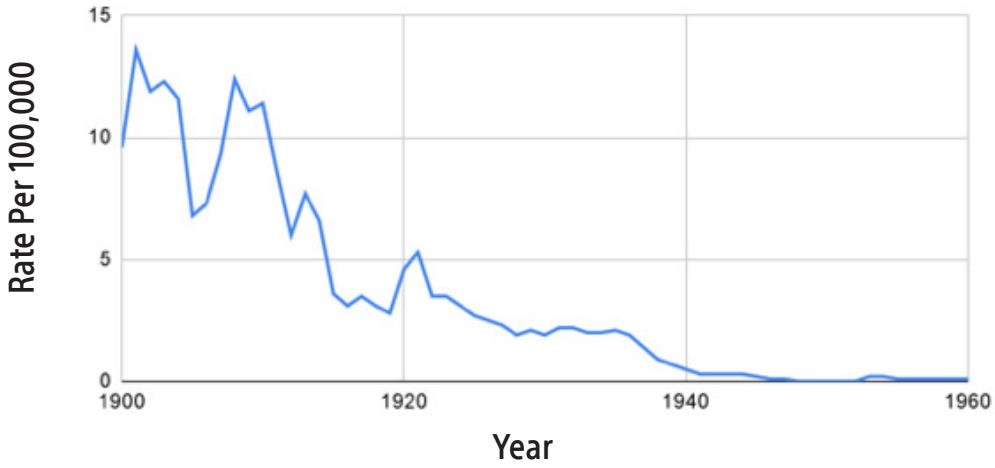
20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

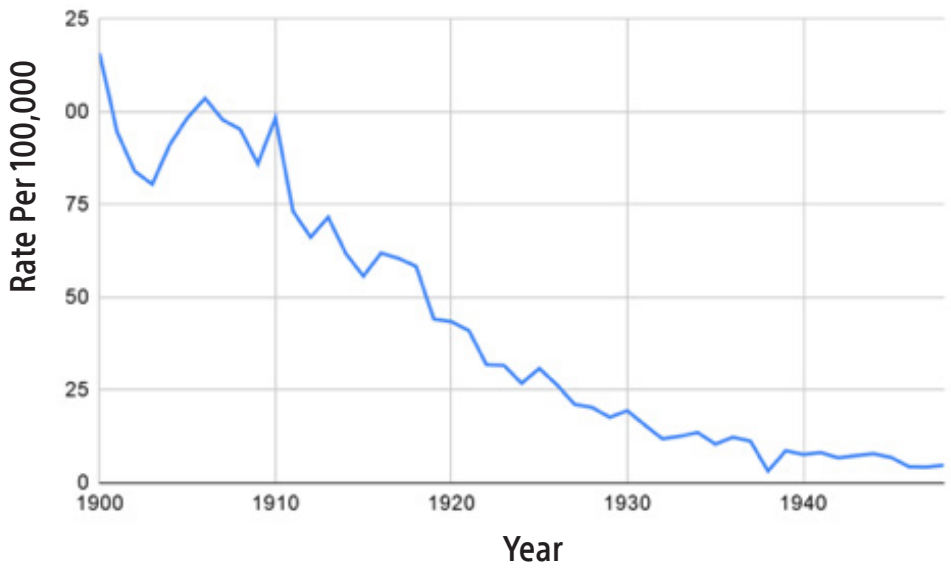
Disease Mortality, United States, 1900–1960[1]

No Vaccine in General Usage

Scarlet Fever



Diarrhea and Enteritis (under 2 years)



SOURCES:
1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968.

THE CONTROL GROUP LITIGATION

Exhibit F

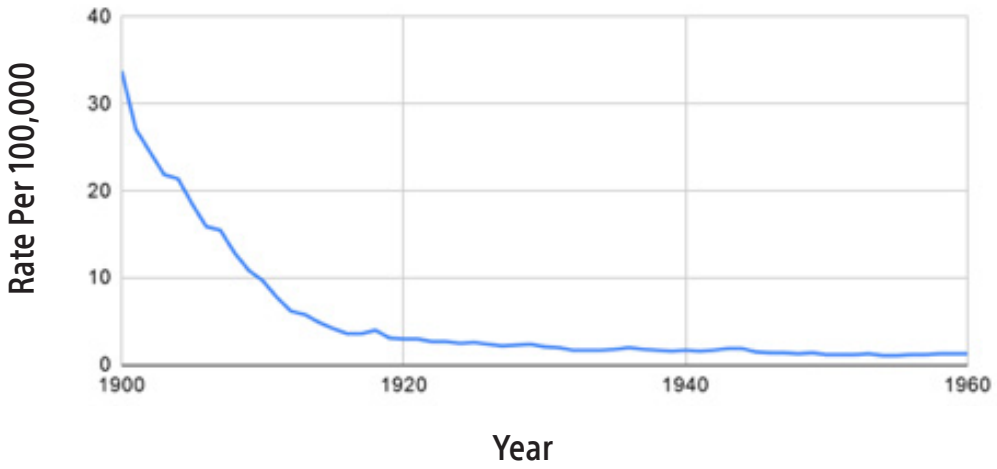
20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Disease Mortality, United States, 1900–1960[1]

No Vaccine in General Usage

Meningitis (Simple)



Dysentry Disease

SOURCES:
1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968.

THE CONTROL GROUP LITIGATION

Exhibit F

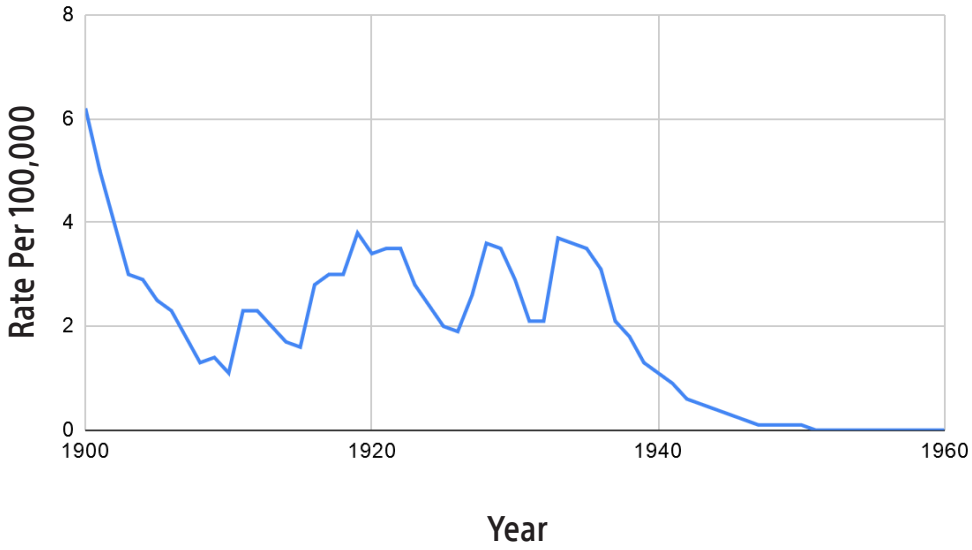
20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

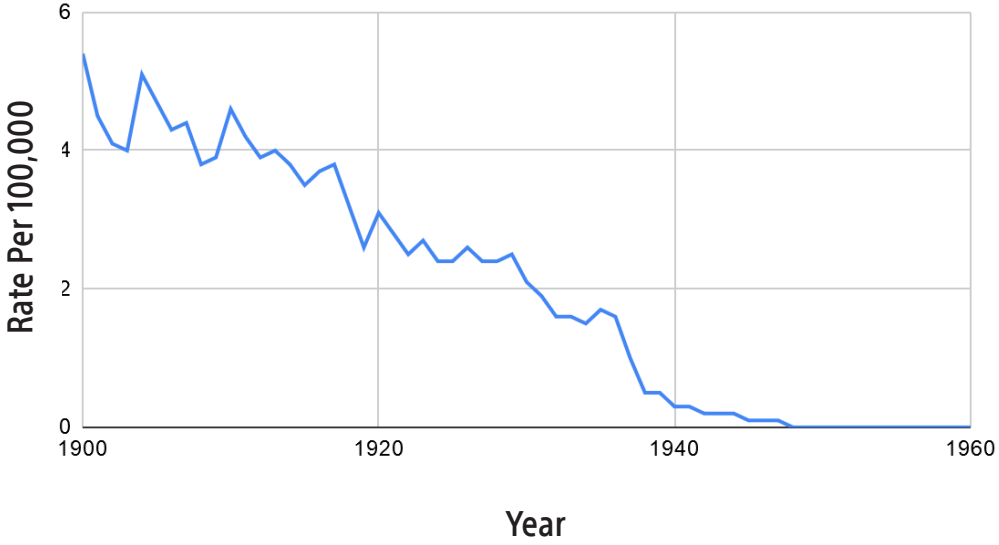
Disease Mortality, United States, 1900–1960[1]

No Vaccine in General Usage

Malaria



Erysepilas



SOURCES:
1. Grove, R., D., Hetzel, A., M., (1968). Vital statistics rates in the United States, 1940-1960, pp 559 - 603, Washington, D.C. : U.S. Department of Health, Education, and Welfare, Public Health Service, National Center for Health Statistics, 1968.

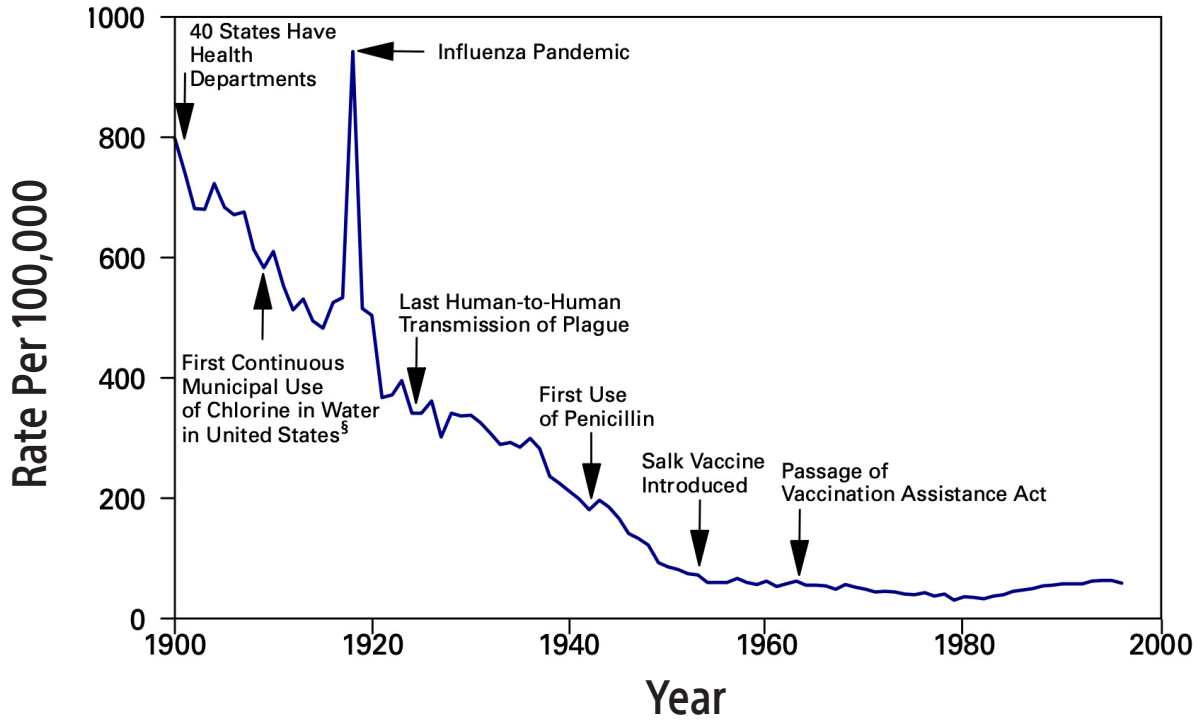
THE CONTROL GROUP LITIGATION

Exhibit F

20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

Crude Death Rate* for Infectious Diseases United States, 1900–1996†



*Per 100,000 population per year.

†Adapted from Armstrong GL, Conn LA, Pinner RW. Trends in infectious disease mortality in the United States during the 20th century. JAMA 1999:281;61–6.

§American Water Works Association. Water chlorination principles and practices: AWWA manual M20. Denver, Colorado: American Water Works Association, 1973.

SOURCES:
Centers for Disease Control (U.S.), & Centers for Disease Control and Prevention (U.S.). (1999). Morbidity and mortality weekly report: MMWR 1999; 48; 29:[621-629]. Atlanta, Ga.: U.S. Dept. of Health, Education, and Welfare, Public Health Service, Center for Disease Control. https://www.cdc.gov/mmWR/PDF/wk/mm4829.pdf

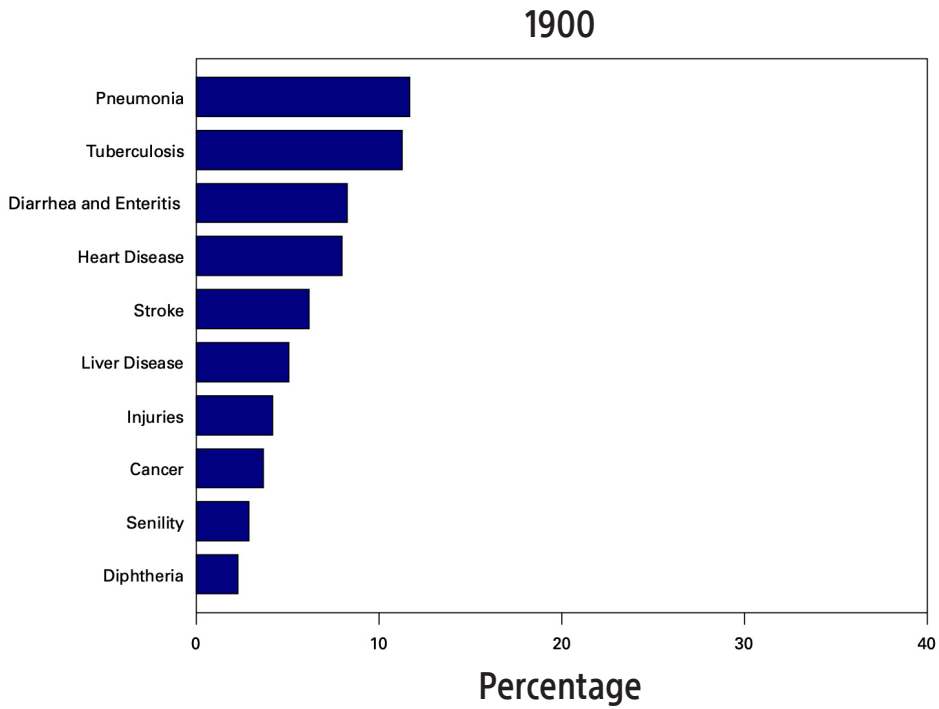
THE CONTROL GROUP LITIGATION

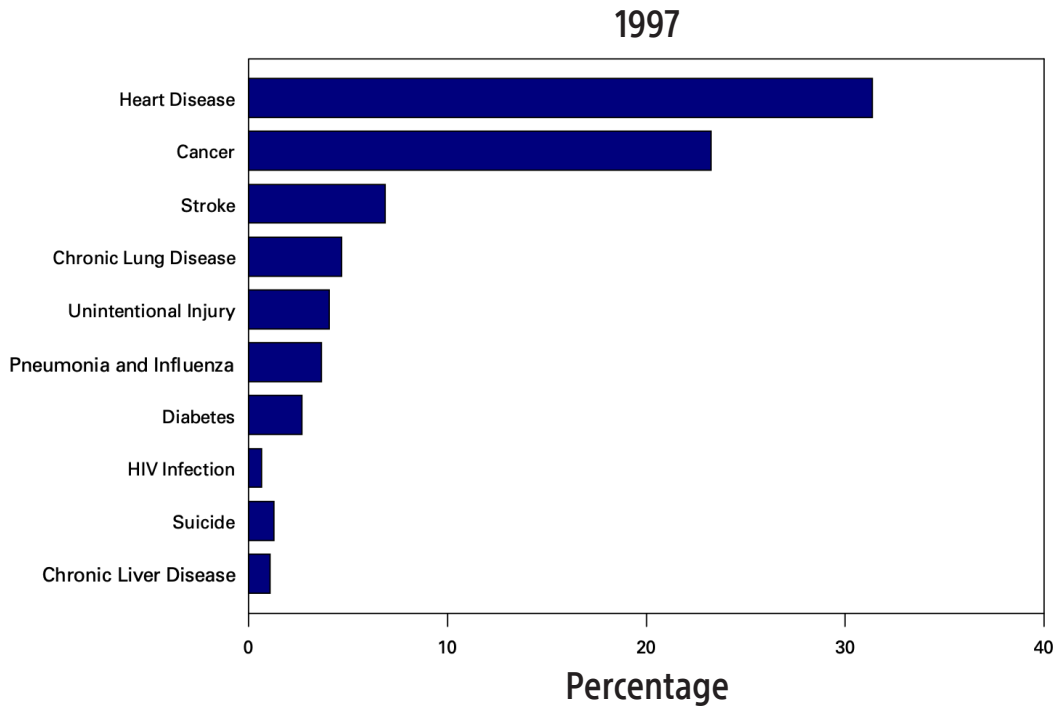
Exhibit F

20TH CENTURY DISEASE MORTALITY

Reductions Caused By Improved Living Conditions Prior To Vaccines

The 10 leading causes of death as a percentage of all deaths United States, 1900[1] and 1997[2]





SOURCES:
1. Centers for Disease Control (U.S.), & Centers for Disease Control and Prevention (U.S.). (1999). Morbidity and mortality weekly report: MMWR 1999; 48; 29:[621-629]. Atlanta, Ga.: U.S. Dept. of Health, Education, and Welfare, Public Health Service, Center for Disease Control. https://www.cdc.gov/mmWR/PDF/wk/mm4829.pdf **2.** Centers for Disease Control (U.S.), & Centers for Disease Control and Prevention (U.S.). (1999). Morbidity and mortality weekly report: MMWR 1999; 48; 29:[621-629]. Atlanta, Ga.: U.S. Dept. of Health, Education, and Welfare, Public Health Service, Center for Disease Control. https://www.cdc.gov/mmWR/PDF/wk/mm4829.pdf

THE CONTROL GROUP LITIGATION

Exhibit F